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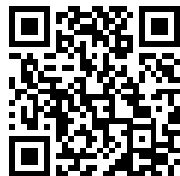
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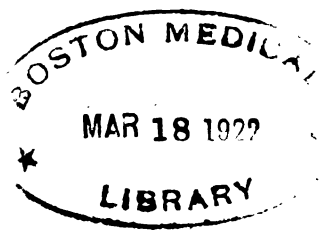
**Professor of Materia Medica and Homœopathics in the Philadelphia
Post-Graduate School of Homœopathics.**

AND

HUGH A. CAMERON, M. D., H. M.

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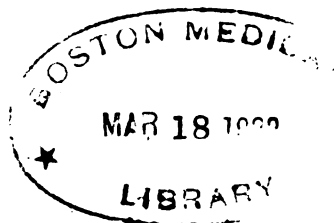
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C. W. Bömminghaus



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DEPARTMENT OF MATERIA MEDICA.

LYCOPODIUM.

Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.*

Lycopodium is not only an antipsoric, but it is also an anti-syphilitic and anti-sycotic, and its sphere is broad and deep. Though classed among the inert substances, and thought to be useful only for rolling up allopathic pills, Hahnemann brought it into use and developed its power by attenuation. It is a monument to Hahnemann. It enters deep into the life, and ultimates changes in the soft tissues, blood vessels, bones, liver, heart, joints. There is nothing about man that Lycopodium does not rouse into tumult. The tissue changes are striking; there is tendency to necrosis, abscesses, spreading ulcers and great emaciation. There is a predominance of symptoms on the *right side* of the body, and they are likely to travel from *right to left* or from *above downward*, e. g., from head to chest. The patient emaciates above, while the lower extremities are fairly well nourished. Externally there is *sensitiveness to a warm atmosphere*. The head symptoms also are worse from the warmth of the bed and from heat, and worse from getting heated up by any exertion. Exertion aggravates the Lycopodium patient in general. He

* Stenographically reported by Dr. S. Mary Ives.

becomes puffed and distressed, and his dyspnœa, is increased upon exertion. He cannot climb, he cannot walk fast. The cardiac symptoms are increased as well as the dyspnœa by becoming heated up from exertion. The inflamed parts are sometimes relieved from the application of heat. The throat symptoms are generally relieved from the application of heat, from drinking hot tea or warm soup. The stomach pains are often relieved by warm drinks and taking warm things into the stomach.

In rheumatic pains and other sufferings the Lyc. patient is *amel. by motion*. He is extremely restless, must keep turning, and if there is any inflammation with the aches and pains the patient is worse from the warmth of the bed and relieved from motion, and so he will keep tossing all night. He turns and gets into a new place and thinks he can sleep, but the restlessness continues all night. Here we have the relief from motion and the agg. in a warm room. He wants cool air, wants to be in a cool place. It is true that the headache is worse from motion enough to warm the patient up, but not from the motion itself. The headache is worse from lying down and from the warmth of the room, and better in cold air and from motion until he has moved and exercised sufficiently to become heated, when the headache becomes worse. That is quite an important thing to remember concerning Lycopodium, because it may constitute a distinguishing feature.

The complaints of Lyc. are likely to be worse at a fixed *time*, viz., *from four till eight o'clock* in the evening. An exacerbation comes on in the acute complaints and often in the chronic complaints at this time. The Lyc. chill and fever is likely to be worse at this time, and in typhoid and scarlet fever the patient is especially < from 4-8 P. M. In gouty attacks, in rheumatic fevers, in inflammatory conditions, in pneumonia, in acute catarrhs, which are complaints especially calling for Lycopodium, it is always well to think of this remedy when there is a sharp and decisive agg. from 4-8 P. M.

The Lycopodium patient is a *flatulent* patient, distended like a drum, so that he can hardly breathe. The diaphragm is pushed upwards, impinging upon the lung and heart space, so that he has palpitation and dyspnœa. It is not uncommon to hear a Lycop.

patient say, "Everything I eat turns into wind." After a mere mouthful he becomes flatulent and distended, so that he cannot eat any more. He says a mouthful fills him up to the throat. While the abdomen is distended he is so nervous that he cannot endure any noise. The noise of the crackling of paper, ringing of bells or slamming of doors goes through him and causes fainting, like *Ant. crud.*, *Borax* and *Natr. mur.* These general conditions go through all complaints, acute and chronic. There is an excitable state of the whole sensorium in which everything disturbs. Little things annoy and distress.

The *Lyc.* patient cannot eat oysters; they make him sick. It does not seem to make any difference what is the matter with him, if he eats oysters he gets sick. One man will say, "I get a headache after eating oysters;" a woman will say, "I have a pain in the ovaries after eating oysters," another will have a cough after eating oysters. Oysters seem a poison to the *Lyc.* patient, just as onions are a poison to the *Thuja* patient. The *Oxalic acid* patient cannot eat strawberries. If you are ever caught in a place where you have a patient get sick eating strawberries, tomatoes or oysters, and you have no homœopathic remedies at hand, it is a good thing to remember that a piece of cheese will dissolve and digest strawberries or tomatoes or oysters in a few minutes.

The *skin* ulcerates. There are painful ulcers, sloughing ulcers beneath the skin, abscesses beneath the skin, cellular troubles. The chronic ulcerations are indolent with false granulations, painful, burning, stinging and smarting, often relieved by applying cooling things and aggravated by warm poultices. It is somewhat a general in *Lycopodium* that warm poultices and warmth aggravate; warm poultices aggravate the pain in the knee, the suppurating condition and the gouty troubles. Very often the old ladies of the house will want to do something and will put warm cloths or warm water on the suffering part, but these make the *Lyc.* patient worse. The soothing thing to *Lyc.* is something cooling, while the soothing thing to *Arsenic* is heat. If one is taken down with violent pains in the bowels or pelvis, any common person would think of putting on a hot water bag or putting on hot cloths, but it is seen that the heat aggravates the

pains, turning them into greater suffering. This is not always the case, but it is a common feature of Lyc. So with the skin, the eruptions and sometimes the abscesses and ulcers are > by something cool. In an unusually warm bed, and in a warm room, hives come out, great welts that look just as if a horse whip had been struck violently over the skin. The hives come out either in round nodules or in long and irregular stripes, especially in the heat, and itching violently. Lyc. has all sorts of eruptions upon the skin, with violent itching. Vesicles and scaly eruptions, moist eruptions and dry eruptions, furfuraceous eruptions, eruptions about the lips, behind the ears, under the wings of the nose and upon the genitals; fissured eruptions, bleeding fissures like salt rheum upon the hands. The skin becomes thick and indurated. The sites of old boils and pustules become indurated and form nodules that remain a long time. The skin looks unhealthy, and it will slough easily; wounds refuse to heal. Surface wounds suppurate as if they had contained splinters, and this suppuration burrows along under the skin. Ulcers bleed and form great quantities of thick, yellow, offensive, green pus. Chancres and chancroids often find their simillimum in Lyc.

The Lyc. state when deciphered shows feebleness throughout. A very low state of the arteries and veins, poor tone and poor circulation. Numbness in spots. Emaciation of single members. Deadness of the fingers and toes. Staggering and inability to make use of the limbs. Clumsiness and awkwardness of the limbs. Trembling of the limbs.

The *mental* state of Lyc. is enormous. He is certainly tired. He has a tired state of the mind, a chronic fatigue, forgetfulness, aversion to undertaking anything new, aversion to appearing in any new role, aversion to his own work. Dreads lest something will happen, lest he will forget something. A continually increasing dread of appearing in public comes on, yet a horror at times of solitude. Often in professional men, like lawyers and ministers, who have to appear in public, there is a feeling of incompetence, a feeling of inability to undertake his task, although he has been accustomed to it for many years. A lawyer cannot think of appearing in court; he procrastinates, he delays until he is obliged to appear, because he has a fear that he will stumble,

that he will make mistakes, that he will forget, and yet when he undertakes it he goes through with ease and comfort. This is a striking feature also of *Silicea*. No other medicines have this fear so marked as these two. I have noticed that state of affairs to occur a number of times in sycotic patients, and I am inclined to think that it is a pretty strong feature in sycosis.

Lyc. also has a religious insanity, which has a mild and simple beginning, a matter of melancholy. This religious melancholy grows greater and greater until he sits and broods. He has very often aversion to company, and yet he dreads solitude. Here is the symptom: "Dread of men and dread of solitude; irritability and melancholy." • This dread of men is not always a state of dread in women. It is a dread of people, and when that is fully carried out in the Lyc. patient you see that she dreads the presence of new persons, or the coming in of friends or visitors; she wants to be only with those that are constantly surrounding her; does not want to be entirely alone; wants to feel that there is somebody in the house, but does not want company; does not want to be talked to, or annoyed, or forced to do any thinking; does not want to make any exertion, yet at times when forced to do so she is relieved. "Taciturnity, desires to be alone." Now, let us follow that out a little further. The taciturnity is because the patient does not want to talk, wants to keep silent, yet, as I have said already, very glad to feel there is somebody else in the house and that she is not alone. She is perfectly willing to remain in a little room by herself, so that she is practically alone, yet not in solitude. If there were two adjacent rooms in the house you would commonly find the Lyc. patient go into one and stay there, but very glad to have somebody in the other. That is the state of the Lyc. mind, and it is observed in infants as well as in adults.

The Lycopodium patient often breaks down and weeps in the act of receiving a friend or meeting an acquaintance. An unusual sadness with weeping comes over this patient on receiving a gift. At the slightest joy the Lyc. patient weeps, hence we see that the Lyc. patient is a very nervous, sensitive, emotional patient. Here it is: "Sensitive, even cries when thanked."

When lying in bed suffering from the lower forms of fevers,

there is delirium and even unconsciousness of the patient. He picks at imaginary things in the air, sees flies and all sorts of little things flying in the air. "Excessively merry and laughs at simplest things." A condition of insanity. "Despondent." Very often the Lyc. patient wakes up in the morning and everything looks black. There is sadness and gloom, nothing cheerful. The world may come to an end, or the whole family may die, or the house may burn up. There seems to be nothing cheering, the future looks black. After moving about a while, this passes off. This state precedes conditions of insanity, and finally a suicidal state comes, an aversion to life. See how wonderfully this medicine takes hold of the will and actually destroys man's will to live. That which is first in man's will is his desire to be, to exist, and to be something, if ever so small. When that is destroyed, we see what a wonderful thing has been destroyed. The very man himself wills then not to be. It is a perversion of everything that makes the man, the destruction of his will. "Apprehensiveness, difficult breathing and fearfulness." "Anxious thoughts as if about to die." "Want of self confidence, indecision, timidity, resignation." Loss of confidence in himself and in everything for that matter. "Misanthropic, flies even from his own children." "Distrustful, suspicious and fault finding." "Oversensitive to pain; patient is beside himself."

Head. Lyc is especially subject to periodical headaches, and headaches connected with gastric troubles. If a patient goes beyond his dinner hour a sick headache will come on. He must eat with regularity or he will have the headache which he is subject to. This is somewhat like a *Cactus* headache. *Cactus* has a congestive headache which becomes extremely violent with flushed face if he does not eat at the regular time. One distinguishing feature is that with the *Lycopodium* headache, if he eat something, the headache is > while the *Cactus* headache is < from eating. Lyc. and especially *Phos.* and *Psorinum*, have hungry headaches, headaches with great hunger. At or about the beginning of the attack there is a faint all-gone hungry feeling which eating does not satisfy. Such is the nature of *Phosphorus* and *Psorinum* when the appetite and headache are associated. The *Lycopodium* headache is < from heat, from the warmth of

the bed, and from lying down, > from cold, from the cold air, from being out of doors, and from having the windows open. Lean, emaciated boys are subject to prolonged pains in the head. Every time this little fellow takes cold he has a prolonged, throbbing, congestive headache, and from day to day and from month to month he becomes more emaciated especially about the face and neck. This same trouble is present when a narrow-chested boy has a dry, teasing cough, without expectoration, and emaciates about the neck and face. This remedy is especially suitable in these withered lads, with a dry cough or prolonged headache. In children who wither after getting up out of pneumonia or bronchitis, emaciate about the face and neck, take cold on the slightest provocation, suffer with headache from being heated, have nightly headaches, and a state of congestion that affects more or less the mind, in which they rouse out of sleep in confusion. The little one screams out in sleep, awakes frightened, looks wild, does not know the father and mother, or nurse, or family until after a few moments, when he seems to be able to collect his senses and then realizes where he is and lies down to sleep again. In a little while he wakes up again in a fright, looks strange and confused. That repeats itself. The poor little Dombey boy needed a dose of Lycopodium, but Dombey did not know it and he lost his son. The headaches are throbbing and pressing, as if the head would burst; but this is not so important as the manner in which they come on, the circumstance of their cause, the things that the child does and the fact that they are > from cold, < from noise and talking, < from 4 to 8 P. M., and with them he emaciates from above downward. These are more important than the quality of the pain that the patient feels, but if he describes the quality of the pain it is spoken of as a throbbing, pressing, bursting or as a fulness.

Upon the scalp we find eruptions in patches, smooth patches with the hair off. Patches on the face and eczematous eruptions behind the ears, bleeding and oozing a watery fluid, sometimes yellowish watery. The eczema spreads from behind the ears up over the ears and to the scalp. Lyc. is a very important remedy to study in eczema of the infant. Eczema in a lean, hungry, withering child with more or less head trouble, such as has been

described with a moist oozing behind the ears, red sand in the urine, face looking pitted and wrinkled, a dry teasing cough, in a child that kicks the covers off, a child whose left foot is cold and the other warm, with capricious appetite, eating much, with unusual hunger at times and great thirst, and yet losing steadily, will often be cured by Lyc. It will throw out a greater amount of eruption at first, but this will subside finally and the child will return to health. The head in general is closely related to one symptom, viz., red sand in the urine, or the red pepper deposit. As long as the red pepper is copious or plentiful, the patient is free from these congestive headaches but when the urine becomes pale and free from the red pepper deposit, then comes the bursting, pressing headache, lasting for days. It might be said that this is a uræmic headache; but it does not matter what you call it, if the symptoms are present the remedy will be justified. In old gouty constitutions, when the headache is most marked, the gout in the extremities will be $>$ and vice versa. The headache is present only in the absence of pain in the extremities. Again, when there is a copious quantity of red sand in the urine the gouty state, either in the head or extremities, will be absent, but whenever he takes cold the secretion seems to slack up with an $<$ of the pain. There is another feature of the Lyc. headache related to catarrhal states. The headache is $<$ when the catarrh is slackened up by an acute cold. The Lyc. subject often suffers from thick, yellow discharge from the nose. The nose is filled with yellow, green crusts, blown out of the nose in the morning and hawked out of the throat. Now, when the patient takes cold the thick discharge to a great extent ceases, and he commences to sneeze and has a watery discharge. Then comes on a Lyc. headache, with great suffering, with pressing pains, with hunger, and finally the coryza passes away, and the thick yellow discharge returns and the headache subsides.

We have a good many *eye* symptoms in Lycopodium, but most prominent are the catarrhal affections of the eyes. The symptoms are so numerous that they describe almost any catarrhal condition of the eyes, so that you cannot discriminate upon the eye symptoms alone. Inflammatory conditions with copious discharge, with red eyes, ulceration of the conjunctiva and lids, and granular lids.

For the *ears* Lyc. becomes an especially important remedy, because this self-same emaciating child with the wrinkled countenance and dry cough, has had since an attack of scarlet fever, a discharge from the ears, thick, yellow and offensive, with loss of hearing. If the suitable remedy be given in a case of scarlet fever, there will be no ear trouble left, because ear troubles do not necessarily belong to scarlet fever. They are not a part of scarlet fever, but are dependent on the constitutional state of the child. Lyc. has also most painful eruptions of the ears, otitis media, abscess in the middle ear, associated with eczema about the ears and behind the ears.

The *nose* symptoms I have only partly hinted at in association with the head. The trouble often begins in infancy. The little infant will lie at first with a peculiar rattling breathing through the nose, and finally it will breathe only through the mouth, as the nose is stuffed up. This goes on for days and months. The child breathes only through the mouth, and when it cries it has the shrill tone, such as is found when the nose is plugged up. If you look you will see the nose is filled up with a purulent discharge, and hanging down the throat is a muco-purulent discharge. Much stuffing up of the nose is a great chronic state of Lyc. The child will go on with this trouble until it forms into great crusts, yellow, sometimes blackish, sometimes greenish, and the nose bleeds. It is most useful in those troublesome catarrhs associated with headaches; in such patients as lose flesh about the neck. It may seem strange and unaccountable (though we do not have to account for such things), but Lyc. does cause emaciation about the neck and shrivelling of the face when the lower limbs are in a very good state of preservation. In old chronic catarrhs of adults he must keep continually blowing the nose. He cannot breathe through the nose at night, as crusts form in all portions of the mucous membranes. Crusty nostrils with eczema, with oozing eruptions about the face and nose. The mucous discharge is almost as thick and tenacious as in *Kali bi*.

The *face* is sallow, sickly, pale, often withered, shrivelled and emaciated. In deep-seated chest troubles, bronchitis or pneumonia, where the chest is filled up with mucus, it will be seen that the face and forehead are wrinkled from pain, and that the wings

of the nose flap with the effort to breathe. This occurs with all forms of dyspnoea. We see something like it in *Ant. tart.*, the sooty nostrils being wide open and flapping. In *Ant. tart.* the rattling of the mucus is heard across the room and the patient is seen to be in wonderful distress, but if you see the patient lying in bed with the nose flapping and the forehead wrinkled, with rattling in the chest, or a dry, hacking cough and no expectoration, you will often find the particulars of the examination confirm your mind that it is a case for *Lyc.* In the exudative stage of pneumonia, the stage of hepatization, *Lyc.* may save the life of that patient. It is closely related in the period of hepatization to *Phos.* and *Sulph.* The *Sulph.* patient is cold; there is no tendency to reaction, he feels the awful load in the chest, and examination of the chest shows that hepatization is marked, but he can do nothing with it. He wants to lie still and is evidently about to die. *Sulphur* will > him. It does not have the flapping of the nose, nor the wrinkles upon the forehead, like *Lyc.* In the brain complaints of *Stramonium* the forehead wrinkles, and in the chest complaint of *Lyc.* the forehead wrinkles, and their wrinkles are somewhat alike. You go to a semi-conscious patient suffering from cerebral congestion and watch him; he is wild, the eyes are glassy, the forehead wrinkled and the tendency is to activity of the mind. That is not *Lyc.* but *Stram.* By close observation these practical things will lead you to distinguish almost instantaneously, between *Stramonium* in its head trouble and *Lyc.* in the advanced stage of pneumonia.

The face is often covered with copper-colored eruptions, such as we find in syphilis, and hence it is that *Lyc.* is sometimes useful in old cases of syphilis, cases which have affected the nose, with necrosis or caries of the nasal bones, and the catarrhal symptoms already described. About the face also there is much twitching. You will see by the study of the face in a *Lyc.* patient that his face conforms to his sensations. He is an oversensitive patient, and at every jar or noise, such as the slamming of a door, or the ringing of a bell, he wrinkles his face. He is disturbed, and you see it expressed upon his countenance. He has a sickly wrinkled countenance, with contracted eyebrows in complaints of the abdomen as well as in chest complaints.

We see also that the jaw drops as in *Opium* and *Muriatic acid*. This occurs in a state marked by great exhaustion and indicates a fatal tendency. It is especially marked in typhoid when the patient picks at the bed clothes, slides down to the foot of the bed, wants almost nothing, and can hardly be aroused. It is the expression of the last stage of the disease, a low type of low forms of fever, typhoids, septic and zymotic diseases. Under the jaw there is very often great glandular swelling, swelling of the parotid and submaxillary glands. The swelling is of a cellular character, and the neck muscles are involved. The tendency is to suppuration of these glands, and swellings about the neck in scarlet fever and diphtheria.

The next important features we notice as we go down are the *throat* symptoms. It was mentioned when going over the general state that the striking feature of Lyc. in regard to *direction* is that its symptoms seem to spread from right to left; we notice that the right foot is cold and the left is warm; the right knee is affected; if the pains are movable they go from right to left. Most complaints seem to travel from right to left, or to affect the right side more than the left. This is also true of the sore throats; a quinsy affecting the right side will run its course, and when about finished the left tonsil will become inflamed and suppurate if the appropriate remedy be not administered. The common sore throat will commence on the right side, the next day both sides will be affected, the inflammation having extended to the left side. This remedy has all kinds of pains in the throat and fauces. It is useful in cases of diphtheria when the membrane commences on the right side of the throat and spreads over towards the left. Patches will be seen to-day on the right side and the next day on the left side. We have noticed also that complaints in Lyc. spread from above down, so it is with these exudations. They often commence in the upper part of the pharynx and spread down into the throat. Lyc. has cured many such cases. It is the case sometimes that Lyc. is > by holding cold water in the mouth, but the usual Lyc. sore throat is > from swallowing warm drinks. It is a feature whereby it is possible to distinguish *Lachesis* from *Lycopodium*. *Lachesis* is > from cold and has spasms of the throat from attempting to drink warm drinks, while

Lyc. is $>$ from warm drinks, though sometimes $>$ from cold drinks. Lyc. does not sleep into the suffocation and constriction of the throat and dyspnoea as in *Lach.* The throat is extremely painful, it has all the violence of the worst cases of diphtheria. It has the zymosis.

The *stomach* and *abdominal* symptoms are intermingled. There is a sense of satiety, an entire lack of appetite. He feels so full that he cannot eat. This sense of fullness may not come on until he has swallowed a mouthful of food; he goes to the table hungry but the first mouthful fills him up. After eating he is distended with flatus, and gets no relief from belching or passing flatus downwards. There is much belching, yet he remains distended. Nausea and vomiting; gnawing pains in stomach as in gastritis; catarrh; burning as in ulcers and cancer; pains immediately after eating; vomiting of bile, coffee ground vomit, black inky vomit. Under Lyc. apparently malignant cases have their life prolonged. The case is so modified that, instead of culminating in a few months, the patient may last for years. Right hypochondrium swollen as in liver troubles. Pain in liver, recurrent bilious attacks with vomiting of bile. He is subject to gall stone colic; pain like gall stones. After Lyc. the attacks come less frequently, the bilious secretion becomes normal and the gall stones have a spongy appearance as though being dissolved. Lyc. patients are always belching; they have eructations that are sour and acrid like strong acid burning the pharynx. "Sour stomach," flatus, distension and pain after eating, with a sense of fullness. Awful "goneness," or weakness, in stomach, not $>$ by eating (*Digit.*). The stomach is $<$ cold drinks, and often $>$ by warm drinks. In the stomach and intestines there is great commotion, noisy rumbling, rolling of flatulence as though fermentation were going on. Lyc. *China* and *Carbo veg.* are most flatulent remedies and should be compared. Old chronic dyspeptics, emaciated, wrinkled, tired and angular patients, everything they eat turns to wind. Lycopodium is useful in old tired patients with feeble reaction and feebleness of all the functions, with a tendency to run down and not convalesce.

This patient has most troublesome constipation. He goes for days without any desire, and although the rectum is full there is

no urging. Inactivity of intestinal canal. Ineffectual urging to stool. Stool hard, difficult, small and incomplete. It has also many symptoms connected with diarrhoea. Lyc. patients have all sorts of diarrhoea and all kinds of stool. So you will see from reading the text that the characteristic of Lyc. is not in the stool. Any kind of diarrhoea, if the other Lyc. symptoms are present, will be cured by Lyc. It has troublesome hemorrhoids, but they are nondescript. Any case of any kind of hemorrhoids may be cured by Lyc. if the flatulence, the stomach symptoms, the mental symptoms, and the general symptoms of Lyc. are present, because the hemorrhoids themselves are extensive.

The kidneys furnish us many symptoms and may be the key to Lycopodium in many instances. There seems to be the same inactivity in the bladder as in the rectum. Though he strains ever so much, he must wait a long time for the urine to pass. It is slow to flow, and flows in a feeble stream. The urine is often muddy with brick dust, or red sand deposit, or on stirring it up it looks like the sediment of fermenting cider. We find this state in feeble febrile conditions. In the acute stages of disease, where the red sand appears copiously, Lyc. is often the remedy. This often is a very prominent symptom. In chronic symptoms when the patient feels best the red sand is found in the urine. Lyc. has retention of urine and suppression of urine. It has "wetting of the bed" in little ones, involuntary micturition in sleep, involuntary micturition in typhoids and low fevers. A marked feature of Lyc., and one of the most prominent of all remedies, is polyuria during the night. He must arise many times at night and pass large quantities of urine, altho' in the daytime the urine is normal. Enormous quantities of urine, very clear and of light specific gravity.

Male sexual organs. One of the most prominent in impotency. The pseudo-homœopath runs to *Phosph.* for weakness of the genital organs. It is wrong. Persons of feeble vitality, overwrought persons, overtired persons, with feeble genital organs, seldom need Phosphorus, but Lycopod. is a typical remedy where the young man has abused himself by secret vices and women, and has become tired out in his spine and brain and genital organs. If this patient

makes up his mind that he will live a somewhat decent life and marries, he finds that he is impotent sexually, that he is not able to obtain erections, or that the erections are too feeble, or too short, and that he is not a man. Lyc. has this state.

Lyc. has inflammation of the mucous membrane of the urethra, with a gonorrhœal discharge. It is an anti-sycotic and has troublesome fig warts upon the male and female genitals. "Moist condylomata on the penis, enlargement of the prostrate gland."

It is a great friend of the woman in inflammation and neuralgia of the *ovaries*, and in inflammation of the *uterus*. The neuralgia especially affects the right ovary, with a tendency to the left. Inflammation of the ovaries, when the right is more affected than the left. It has cured enormous cystic tumors of the right ovary.

Lycopodium produces and cures a state of dryness in the vagina in which coition becomes very painful. Burning and smarting in the vagina during and after coition. It has all sorts of disturbance of menstruation. Absence or suppression of menses for many months, the patient being withered, declining, pale and sallow, becoming more and more feeble. It seems that she has not the vitality to menstruate. It is also suitable in girls at puberty when the time for the first menstrual flow to appear has come, but it does not come. She goes on to 15, 16, 17 or 18 without development, the breasts do not enlarge, the ovaries do not perform their functions. When the symptoms agree Lyc. establishes a reaction, the breasts begin to grow, the womanly bearing begins to come, and the child becomes a woman. It has a wonderful power for developing, and in that respect it is very much like *Calc. phos.* "Discharge of flatus from the vagina." "Varices of the genitals."

In the respiratory organs Lyc. furnishes a wonderful remedy. Dyspnœa and asthmatic breathing in catarrh of the chest. The colds settle in the nose, but nearly always go into the chest, with much whistling and wheezing, and great dyspnœa. The dyspnœa is < from walking fast, after exertion and from going up a hill. Throbbing, burning and tickling in the chest. Dry, teasing cough. Dry cough in emaciated boys. After coming out of pneumonia, the dry, teasing cough remains a long time, or there is much whistling and asthmatic breathing. The extremities are

cold while the head and face are hot, with much coughing and troubles in the chest. He wants to go about with the head uncovered, because there is so much congestion in the head. This patient has a feeble reaction. There is no tendency to repair and the history of the case is that the troubles have existed since an attack of bronchitis or pneumonia. Besides the dry, teasing cough, Lyc. goes into another state in which there is ulceration, with copious expectoration of thick yellow or green muco-pus, tough and stringy. Finally night sweats, with fevers in the afternoon from 4 to 8 o'clock come on. Its use in the advanced stage of pneumonia, in the period of hepatization, with the wrinkled face and brow, the flapping wings of the nose and scanty expectoration, we have already spoken of. Then it has marked conditions of catarrh of the chest with much rattling, especially in infants. Rattling in the chest, flapping of the wings of the nose and inability to expectorate. The right lung is most affected, or more likely to be affected than the left, or it is affected first in double pneumonia and troubles that go from one side to the other. Think of Lyc. among the remedies for neglected pneumonia, in difficult breathing from an accumulation of serum in the serous sacs of the chest, in the pleura and pericardium.

I have mentioned sufficiently the gouty tendencies of the limbs and the nerve symptoms. It has all manner of fevers, continued, intermittent and remittent. It is especially suitable in old age, and in premature old age, when a person at 60 years appears to be 80 years, broken down, feeble and tired. It is eminently suited in complaints of weakly constitutions. It is suitable in various dropsies, associated with liver and heart affections. Scabs remain upon the skin, do not separate; they crust over and the crust does not fall, or may become laminated like rupia. Sulphur, Graph. and Calc. are not longer acting or deeper acting than Lyc. These substances that seem to be so inert in their crude form come out strongest when potentized and form medicines of wonderful use.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.*

LECTURE XXI.

CHRONIC DISEASES—SYCOSIS.

It is not generally known that there are two kinds of gonorrhœa, one that is essentially chronic, having no disposition to recovery, but continuing on indefinitely and involving the whole constitution in varying forms of symptoms, and one that is acute, having a tendency to recovery after a few weeks or months. They are both contagious. There are also simple inflammations of the urethra attended with discharges which are not contagious, and thus we have simple inflammations of the urethra and specific inflammations of the urethra, and of the specific we have the two kinds I have mentioned, the chronic and acute. The books will treat of them as one disease, treat them in a class, and in a treatise on gonorrhœa we will have a description only of that which relates to the beginning, viz.: the discharge. The majority of the cases of gonorrhœa are acute, *i. e.*, there is a period of prodrome, a period of progress and a period of decline, being thus in accordance with the acute miasms. The acute may really and truly be called a gonorrhœa, because about all there is of it is this discharge. If the suppressive treatment be resorted to in the acute, the system is sufficiently vigorous in most cases to throw off the after effects. The suppression cannot bring on the constitutional symptoms called sycosis. It cannot be followed by fig warts, nor constitutional states, such as anæmia. But while constitutional symptoms cannot follow the suppression of the acute miasm, they will follow suppression

* Stenographically reported by Dr. S. Mary Ives.

of the chronic miasm, and become very grievous. Most of the cases of true sycosis that are brought before the physician at the present time are those that have been suppressed, and they are a dozen times more grievous than when in the primary stage.

In both the acute and chronic, the prodromal period is about the same, from eight to twelve days, and there is no essential difference between the discharge of the acute and chronic. It is a muco-purulent discharge, and may have all the appearances that any acute discharge of the urethra might take on. Any simple remedy that conforms to the nature of the discharge itself will soon turn the acute miasm into a state of health, but it requires truly anti-sycotic remedies (remedies that conform to the nature of sycosis) to turn the constitutional sycotic gonorrhœa into health. In the very earliest stage of the discharge it is not necessary to make a distinction; but after the disease progresses for weeks, it becomes necessary to make a distinction and to follow the remedy that conformed to the more acute symptoms with the remedy that would be suitable in a sycotic constitution fully developed. Remedies are picked out for sycosis in the same way that the remedies are picked out in any miasmatic disease, viz., by making an anamnesis. An anamnesis of all the sycotic cases which we have had will enable us to look at the constitutional state of sycosis just in the same way as Hahnemann, by an anamnesis of psora, ascertained its nature and worked out the remedies that are similar in nature and action to psora. All medicines that are capable of producing the image of sycosis may be called anti-sycotics, but we can put it this way also and say all those remedies are anti-sycotic which when given to a sycotic case in its advanced state are able to turn the disease backward, to reproduce the earlier forms and bring back the discharge. That is the practical way of demonstrating that a medicine is an anti-sycotic. When it conforms to the image of the miasm, it will turn the disease on its backward course. Those remedies that conform only to a particular part of the case are not deep enough nor similar enough to establish a return to earlier symptoms and hence they are not truly anti-sycotic.

It is hardly necessary to go over a description of the acute form of gonorrhœa, but let us turn our attention solely to sycosis,

recognizing it as a chronic miasm, or a disease whose first stage is a discharge from the urethra. These cases I have said are rare in proportion to the large number of cases of acute gonorrhœa, but the disease seems to be on the increase. Every busy physician will see a good many cases in women and children. Cases of gonorrhœa that have been suppressed by injections in the hands of the old school are considered ended, and soon after the discharge has stopped the sycotic patient may be told by his physician that he is a fit subject to marry as he has been cured. But it is not true, and he should delay marriage. It is not right for him to marry until the discharge has been brought back again, and he has been cured, not by injections, because they only suppress, but by the indicated anti-sycotic. Only then may he marry a healthy wife, and she will continue healthy and bring forth healthy children. You will never know until you get into a busy practice how common it is for a wife to break down, in a year or eighteen months after marriage, with uterine trouble, with ovarian disease, with abdominal troubles, with all sorts of complaints peculiar to the woman; and you will then be surprised on going into the history of her husband (if you are permitted to do so) to discover that in his earlier life he had two or three attacks of gonorrhœa that were treated with Nitrate of Silver or by one of these prescriptions that are carried around in the vest pockets of vicious young men, by injections that are known to stop these discharges. You will not then be surprised if you learn that the man himself has never had a really genuine state of health since that gonorrhœal discharge disappeared. You will look upon what followed that suppression in the man. You will observe what followed the contagion in the woman, and to observe these things closely constitutes an interesting study. Sometimes it is so severe in form, and the trouble comes so soon after the suppression, that there can be no doubt, even in the mind of the man himself, that the trouble he is now suffering from relates to the suppression of that discharge. Sometimes they are latent and develop very gradually, and the blood becomes affected, the gradually increasing anaemia comes, the patient being pallid and waxy. What was said in relation to syphilis about contagion in the stage in which the individual has the disease is true in this

disease, as also in psora. Here is a common instance. A sycotic patient has been "cured" as far as the discharge is concerned, and now marries, for he is told that no harm can come hereafter, but shortly afterwards his wife comes down with illness, whereas she had always been a healthy woman before. In the old school there is no recognition of a gonorrhœal constitution; nor could the homœopathic physician be sure of this, except for his careful prescribing.

You take a man who has gone ten to fifteen years with this sycotic trouble. He is waxy, is subject to various kinds of fig warts, his lips are pale and his ears are almost transparent; he is going into a decline; he has various kinds of manifestations, and these manifestations appear in numerous particulars that we call symptoms. The physician sits down and makes a careful study of the case, and if his perception of it is similar to some long acting, deep acting medicine, and he administers this medicine to the patient, the patient begins to improve. The treatment is kept up, and in the course of weeks or months the patient comes into the office and says: "Doctor, if I had exposed myself I should think I had an attack of gonorrhœa." Now, knowing that diseases get well in the reverse order of coming, you certainly cannot be surprised to hear this story. On the other hand, the trouble may have manifested itself in other mucous membranes of the body, and thus saved the man from his waxiness; he is not so pallid when the condition becomes busy in another region. These catarrhal manifestations may be catarrhal conditions of the eyes, but are more commonly catarrhs of the nose. It is not an uncommon thing for a nasal catarrh to be sycotic and to have existed only since the gonorrhœa was suppressed. The catarrh is located in the nose and posterior nares with thick, copious discharge, and in spite of local treatment it has been impossible to suppress it. When the constitution is vigorous enough it will keep up the discharge in spite of the different specific remedies that have been administered, but in constitutions that are feeble diseases are easily driven to the centre, leaving the outermost parts of man. So it is often the case that a man with a thick, yellowish-green discharge from the nose, after a dose of *Calcarea*, which is an antisycotic, one of the deepest in character, has his old dis-

charge brought back, and he says: "Doctor, I am not able to account for this, for I have been nowhere but with my wife." It is time to sit down and tell that man that in his earlier life he had a gonorrhœa, and that its nature was sycotic; for if it had not been of a specific character, it could not have transferred itself to the man's economy, affecting in that way his nose, that it has disappeared from its new site under the action of a truly homœopathic prescription, and the original discharge has been brought back, the trouble that he had in the first place. This must be explained to him, the whole nature of the case must be shown to him, and you can now tell him that he is in a position to regain his health, to become well, to get rid of his catarrh; but that if he meddles with that discharge from the penis he will never recover. Just this kind of a case has been seen so often that there is no longer a doubt about it. It is in the nature of gonorrhœa to go to the surface in the earlier stage, and so when the catarrh comes on in vigorous constitutions soon after the suppression of the discharge from the urethra it may locate itself in the nose, but if the catarrh does not come on soon the constitution is too weak for the catarrh to represent the disease, and it will be represented on deeper tissues. Bright's disease may come, breaking down of the lungs, breaking down of the liver, rheumatic affections of the worst form, finally killing the patient. It is only in the earlier stages that it becomes catarrhal. The man thinks he is cured and he has escaped the outward manifestations because his constitution is not very vigorous, but the disease goes on into an advanced state until it attacks the blood and he becomes anæmic. Now, if he marry, his wife does not get the catarrh, does not get the leucorrhœa, she does not get the bladder trouble, but she gets the anæmic state. You may call it a secondary state if you like, but it is really the more interior form of the disease. From this anæmic state it spreads into all the functions of the body. The woman does not get the catarrhal state because the contagion is contracted in the woman at the stage which the husband has reached. If he has passed beyond the catarrhal stage, what she gets is beyond the catarrhal stage. She gets fibrinous conditions, inflammation of the uterus and the soft tissues, or low grade changes in the kidneys. She may go on and have any of the

peculiar constitutional diseases that the woman of to-day is subject to. It is rather strange that it affects the soft tissues and not the bones. Syphilis affects the soft tissues and the bones. Psora affects the whole economy, nothing escapes; it causes a general break down.

Sometimes in the man it does not take the catarrhal form, but produces inflammation of the testes, or it may affect the rectum. Again, if you go to the bedside of a man who has used strong injections for the purpose of suppressing a gonorrhœal discharge, and you find him in bed writhing and turning, tossing and twisting with the pains, and the only relief for him is to keep in continual motion; the pains are tremendous, they are rending and tearing from head to foot; if he can get up he will walk, the floor night and day. There is seldom much swelling with this rheumatism; it seems to be along the sheath of the nerves and is relieved by motion. The superficial physician will say, here is a patient relieved by motion, here is a case for Rhus. You give Rhus, and then find that it does not do a single thing for the man; but, remember, when you have studied sycosis in its innermost nature, Rhus is not an antisycotic remedy and will not help this patient in his restlessness, it will not help his awful distress and anxiety. This state will go on, and when it has attacked him so violently his tendons will begin to contract, they will shorten, the muscles of the calves will become sore, the muscles of the thighs will become so sore that they cannot be touched or handled; sometimes there is infiltration of the muscles and hardness, and this soreness extends to the bottom of the feet so that it is impossible for the patient to walk. He is compelled to sit or lie or crawl around on his hands and knees, so violent are some cases. These cases will go on for years. I have known the external applications of the allopathic physician to be applied to these sore feet and limbs for weeks and months and even years, and yet they give no relief, but a correct prescription made by a homœopath, carefully taking in account and covering the whole nature of sycosis, will take the soreness out of the feet and bring back the gonorrhœal discharge. The return of old symptoms means recovery. When the discharge comes back the relief of these horrible symptoms comes, and do not consider any patient cured until the discharge is brought back.

With reference to the woman, in whom you know that the contagion has taken place in the stage in which it existed in the husband, supposing she has inflammation of a fibrinous character and goes into the very worst forms of anæmia, with all the sallowness and waxiness and patchy condition of the skin and the withering and the organic troubles, if a homœopathic prescription be made that is truly anti-sycotic you need not expect that a gonorrhœal discharge will appear in her case; it is not necessary, she can get well without it. If she had no discharge she can get well without its return. The reverse order of the symptoms in her case means only the reverse order of those she has had. She may not have had the primary, but all that that patient has had she must go back through, stage by stage and symptom by symptom. The woman is the most grievous sufferer; she is an innocent person, and when there are anæmic conditions and a going-down steadily in the wife that has come on a few years after marriage you should always be suspicious of this disease, at least do not allow it to pass unless you have made a suitable investigation of the matter, Send for the husband, talk to him quietly, tell him you want to know whether he has gone through any of the specific diseases in his younger days; that it shall be considered in confidence. Where you are the family physician that must be done. With fear and trembling he will tell you the whole story; he has gone into his marriage with a degree of innocence, because he was advised by his physician that what he has had will not affect his wife. When you have discovered this state in the family, watch their children; they will be few, for sycosis very commonly makes a woman sterile, or if she has a few children you will find in them a strong tendency to marasmus in the first year, or in the first or second summer a strong tendency to consumption, or you will find a withering, old appearance of the face. Any one of the three miasms may predispose this child to these things, but when the child is waxy and anæmic, is accustomed to lienteric stools, has no digestion, when every hot spell brings on complaints that look like cholera infantum, and it does not grow, does not thrive. you have a right to suspect it is a sycotic case, for sycosis is the most frequent cause.

This disease, you see, does not manifest itself by many erup-

tions, except those of a warty character; it does not manifest itself by eruptions like syphilis and psora, but operates by bringing about a rheumatic state and an anæmic condition of the blood. It takes hold of the blood first and conforms to the subjects who are advanced in deep-seated troubles, subject to epithelioma. They are especially subject to Bright's disease and to acute phthisis. If they have pneumonia it is likely to end in a breakdown of some sort in the lungs. If they have any acute disease of a prolonged character, like typhoid, the recovery is always slow. It is a good thing to know the history of a patient, all the peculiarities of the life of the patient. It is important to know whether that patient is syphilitic or sycotic. You know that everybody is psoric, but those that have lived a proper life have escaped the two contagious diseases which man acquires in the first place by his own seeking. When a patient has gone to the end of typhoid or some lingering disease, you know that he is psoric; but if you also know that he is syphilitic, or that he is sycotic, you can conduct his convalescence into a speedy recovery, and if he denies these things you may be puzzled. The sycotic patient may go into a state of do-nothing and decline at the end of a typhoid fever; convalescence will not be established, he will lie with an aversion to food; he does not react, he does not repair, there is no tissue-making, no assimilation; there is no vitality, he lies in a sort of semi-quiescent state; there is no convalescing in the matter. If you know he is a sycotic patient, he must have an anti-sycotic remedy, and then he will begin to rally. If a syphilitic patient, he must have an anti-syphilitic remedy. If neither of these miasms are present, a remedy looking towards his psoric state will cause him to rally. The nature of these cases must be kept in view, you must remember that these chronic miasms are present in the economy and after an acute illness very often have to be fought. If this is not known, many patients will gradually sink and die for apparent want of vitality to convalesce.

Of course, the anti-sycotic treatment for the infant will bring back, as you will readily see, only that stage which the infant began with. It will not bring out a discharge in the infant. The infant has only the interior nature of the disease, and has not the primary and outermost forms of it. You will also remember

another thing, that these infants when they grow up are increasingly sensitive to sycosis; that they are already prepared for a sycotic gonorrhœa whenever the first exposure comes. The susceptibility is laid by this inheritance, just as the susceptibility to psora is laid by our parents and the susceptibility to syphilis is laid by our parents. Man can only have one attack in his natural lifetime of one of the three chronic miasms; a man cannot take syphilis twice, he cannot take sycosis twice, he cannot take psora twice. This is not known, for a man when asked how many times he has had gonorrhœa will say: "About half a dozen times," but only one of these was sycotic. The sycotic constitution cannot be taken a second time. One attack gives immunity to that person forever after. The offspring become increasingly susceptible to all the miasms the more they become developed in the human race. The more they become complicated with each other the more the human race becomes susceptible to acute and epidemic diseases. Now, you have a general survey of the chronic miasms.

"ONE of the ladies of my family has this morning been stung by a bee with such altogether remarkable results that I put them on record here in the belief that they may possibly be of interest to pathologists among my brother readers and correspondents. The sting—a not particularly painful one, by the way—was above and in front of the right ear. About a quarter of an hour, however, after being stung, the sufferer's face became violently flushed, and blains or white blisters appeared all over her body, arms, and legs: and then, more curiously still, she developed a sharp attack of asthma! This yielded to some home remedies, and the blains or blisters turned from white to red, disappearing in the course of a few hours. They itched intensely, while, strangely enough, the *fons et origo mali*, the original sting, was unnoticeable, until it was pressed, when slight pain was experienced."—*English Mechanic*.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

CLINICAL CASE.

LYDIA W. STOKES, M. D., H. M., Philadelphia, Pa..

1897. MRS. C., 50 yrs., medium height, fleshy, fair.

Aug. Head—great distress, throbbing.

> cold water applied.

> after sun goes down.

< lying.

< if out in the heat.

Face gets purple.

Perspiration profuse—head and all over body.

Flashes of heat—then cold and weak.

Heart—suffocated feeling.

< close or warm room, fans, must have air.

Puls. cm.

As Mrs. C. had been under excellent *homœopathic* treatment in another dispensary, and was "always better when taking the medicine," I did not take the case more fully but continued the remedy she had been under for nine months. During the winter she was better in general, only needing *Arnica* 1 m. for a severe bruise and *Rhus* 1 m. for an acute rheumatism.

But when summer came her old head trouble returned with double force, and in June, 1898, I gave here *Puls.* mm. For a few weeks she seemed to improve, but when I saw her on returning to the dispensary after my vacation she was in a serious condition.

1898.

Aug. 10. Head dreadful for weeks.

Blood feels like hot water rushing all over body
and then up to brain.

Violent throbbing all through.

Intense burning pain in neck and occiput, and
great stiffness.

< in sun.

> cold wet cloths.

Eyes smart and burn—vision affected, sees double,
light and dark lines, letters run together,
sometimes cannot read at all.

< when head is bad.

> cold water on eyes.

Spine—constant dull aching—chilly feeling, then heat
and sweat. Feels > generally after this spell
over.

Nervousness and sickening feeling, followed by drench-
ing sweat—must scream aloud at times.

Sleepless for hours—rush of thoughts—restless spell
with hot head and flash of heat.

Glou. cm.

Aug. 17. Not at all >.

Head—top feels as if lifted off.

congestion < 12 to 3 p. m.

> dark room.

Heart smothers and flutters—feels as if something
like a heavy dark cloud passed over her from
head downwards to heart—thinks she is dying.

Legs—cramps—"muscles all in knots and lumps"—
terrible pain in night.

Bell. 45 m.

Marked improvement began at once and continued
without special interruption in spite of very hot
weather.

Several interesting symptoms developed.

Urine became dark, with sediment like lime, which had
to be scraped off the vessel.

Legs itch severely, watery blisters appear after scratching.

Finger joints enlarged and itching.

Perspires much—hair often wet.

< damp weather—gloomy and dull.

Backache and stiffness—all of spine, neck and into head.

Pelvic region—bearing down feeling.

On Oct. 8th I prescribed Calc. c. 13 m. (the only medicine since Aug. 17) and it has been of great benefit. A second dose in about six weeks warded off a threatened attack of the grip—without other treatment. Mrs. C. cannot say enough in praise of Homœopathy and has sent many patients to the dispensary.

CLINICAL CASES.

W. W. GLEASON, M. D., Attleboro, Mass.

HEADACHE—NATR. MUR.

W. A., light complexioned, blue eyes, 28 years of age.

Aching over both eyes and in eyes extending to occiput; better from application of hot wet cloths. Aggravated by heat of stove and in close room. Paroxysms once a week. Aggravated by going from cold room to hot, or from hot room to cold. Aggravated by noise, reading and mental application. He sits down to meals hungry, but after a few mouthfuls is full. Belching of gas (tasteless) after dinner. Occasional eructation of sour liquid. Dull ache in lumbar region, which spreads first to occiput and then to frontal region over the eyes (after standing a long time). Bowels inclined to constipation. Urine frequent and profuse. He received a dose of Nat. mur. 1 m. Jan. 6, another Jan. 13, and a third Feb. 5. He has had no headache or other trouble since the first dose.

RHUS POISON—SULPHUR.

I. H., tall, light complexioned, blue eyes.

This man, who is forty years of age, came for treatment of sciatica, left side. The pain was intense in lumbar region, but

even worse in the left hip joint and leg down to the calf. It was worse when sitting or lying, and better from walking. It was a screwing, wrenching pain with feeling of heat. When walking a feeling as of something shaking in forehead. Soreness over eyes. Eyes congested, lids granulated. Much spasmodic sneezing, red face, mouth dry, thirst, loss of appetite, watery stools dark brown almost red in color. Some palpitation of heart. Pain in left leg, intense in hip and under knee when stretching leg. Three doses of *Rhus. t.* were given two hours apart. For forty-eight hours there seemed no effect from the medicine. Then there came cessations of the pains in the leg, when at times perfect freedom from pain was felt, but soon the pain would catch him again suddenly in hip joint worse than ever. These paroxysms came further apart, until on the third day they ceased, leaving a soreness or bruised sensation. But now there came out on the hands, feet and scrotum, and slightly on hollows of the knees, a typical *Rhus* eruption. Inquiry brought out the fact that when quite a boy he had been severely poisoned with *Rhus*. The eruption was allowed to remain untouched for a week to see if it would pass away. (In such case I would have supposed it a symptom of *Rhus* instead of the throwing to the surface of the latent *Rhus* poison.) As it did not change either for worse or better, and was itching almost unbearably, one dose of *Sul. 200* was given. In two days the eruption was cured with all its attendant symptoms.

CLINICAL CASES.

W. A. YINGLING, M. D., Emporia, Kansas.

1898.

MAUD G., aet. 14.

Jan. 1. In July, 1889, had scarlet fever; not well since. In October of same year had rheumatism, and for three weeks was unable to help herself. Since then has it every winter. In October, 1897, right side of face was paralyzed for about six weeks; the right arm was partially affected; great weakness of whole body, especially of the right ankle, allowing the ankle to turn in and the heel out.

Both ankles are now weak.

Memory impaired. Confusion of mind.

Talkative, then does not want to be spoken to or to talk herself.

Cries easily, at nothing.

Fretful at disappointments, nothing seems right, then is vexed with herself.

Dizzy stooping over.

Weariness of head. Brain feels loose.

Pressure and fulness in temples, > by pressure.

Pain in head and eyeballs; feels as though eyeballs would burst at times.

Pressive frontal headache when walking, draws the eyes nearly shut and often closes them; > *sitting, and nearly ceases when lying down.*

Walking jars the brain. Violent throbbing in the brain.

Sense of needles sticking all over the body.

Headache constant, < heat of fire or sun.

Gets very warm in a crowd; face burns.

Scalp sensitive to touch. Hair feels heavy at times.

Everything blurred at times; whole page blurred when studying, must stop. Eyes water when reading, must rub them. Aching, > by pressure. Often vessels of eyes are congested; pupils dilate. Shooting pains in eyes. Quivering of right lid. Heaviness of lids, often wants to close them. Light hurts eyes when lying down. Lids dark red on edges; under lid mottled clear out on cheek bone; under part of lids seem dry, must rub them awhile before they get moist.

Face red and hot, at times pale and cold; mottled, and seems swollen.

Cracking sounds in ears, especially when eating, producing a very unpleasant sensation deep in head.

Eruption on face first deep in, then a rough surface; left cheek a little scaly.

Body warm and feet cold much of the time.

Severe sharp pains from right side of face up to temple and down to nape of neck, > by hard pressure.

Upper lip dry and cracked in the middle.

Easy bleeding of the gums.

Dryness of the mouth with thirst.

Dryness of throat, hard to moisten, and on drinking seems moist in spots only.

Had quinsy, < on right side.

Desires lemonade and vinegar.

Nausea at stomach; wants to vomit but cannot.

Crampy feeling in stomach when hungry.

Stomach sensitive to pressure.

The sight of some things causes nausea, such as gravy, sweet milk, etc.

Pain in right side when walking, must stop and rest.

Menses first time twelve weeks ago; severe pain in region of ovaries; severe downward pressure, extending to back; brown, copious flow, flow running down thighs.

Right ovary enlarged; was kicked by a cow in region of right ovary last September, sore ever since.

Leucorrhœa yellowish, verging to brown; stains hard to wash out.

Terrible itching in vagina, with white pimples; attended with constipation and pain in the head.

Urination excited by a small amount of urine.

Yawns and stretches as before ague.

Shortness of breath, seems as though the air went only half way down. . Often desire to take a deep breath.

Pain running down from nape of neck between shoulders, *with an enlargement or swelling*, which extends to the shoulders. This swelling seems to be at upper dorsal vertebræ (from diagram given; a correspondence patient). The swelling is sensitive and is so large as to give much uneasiness.

Pain shoots up the neck to the mastoids, very severe. Pain down the spine to side of back. When stooping over, difficult to rise up, must put hands to back. Back feels as if broken.

Cramps in muscles of right calf.

Tremulousness and heaviness of legs.

Trembling in whole body.

Sleeps soundly, but is not rested in the morning.

Sore all over; don't want to be touched.

Sulphur 5 cm (Tafel), one dose.

Jan. 20. Reports by mail that the swelling on back was worse and very sore to touch in the muscles on each side of the spine on the 7th. On the 8th the back was some better, but the neck was stiff and the lump badly swollen. On the 9th neck and back worse, sore and sensitive to touch or jar on the floor by walking. Face red and spotted. Eyes red and swollen; very fretful and peevish. Menses started at 7 P. M.; felt badly all night, with severe pain across back and through ovaries.

On 10th some better, but seemed tired out. Flow very profuse. Rested well at night. Is hungry all the time.

11th. Heavy feeling through lower abdomen. Pain in back of head all day.

12th. Felt better till noon. Took a pain in left side of head on top. Pain in the thighs.

13th. Better than for many weeks. Bowels are in good condition. Appetite good.

14th. Flow ceased.

Since then has been improving in every way.

Bunch or lump on back all gone. No soreness there, nor down the spine. Eyes do not trouble any. Says she is *well*.

May 20. Looks well and says she is *well*.

Received direct word in October that she remains perfectly well, and had the assurance that any tendency to a relapse would bring me word. Not having any word to date, she remains well. I never saw the patient. A correspondence patient. She received but the one dose of medicine.

1898, P. P., æt. 14, female.

Jan. 8. Chillness and coldness at first, then a very high fever.

Nausea and dizziness on arising up.

Drinks a good deal.

No appetite; < eating.

Pain from right shoulder through to chest forward; < breathing, < cough.

Tongue coated thinly white.

Coughs a good deal, rattling but no expectoration, but may swallow some.

Bed feels hard. and is tired of it, yet < when up.
Headache through forehead, < coughing.
Whole right lung involved.
> lying on right (painful) side.
Scrofulous sore eyes; left eye discharging a white, thick matter.
Mother died of cancer.

Bry. 9 m. (F.)

Jan. 9. Cough some better; less painful.
Fever; pulse 102.
Very restless and uneasy.
Bowels moved yesterday evening.
Face red and flushed.
Moans and talks in her sleep.
P. M.—Has been better to-day, but this evening the
lung pains more. Face more flushed than
during the day. Drinks often. Dizzy when
rising up.

Bry. 9 m. (F.)

Jan. 10. Slept well till about 12 o'clock last night.
Coughs more to-day, painful.
Expectorates a great deal.
Very thirsty; mouth very dry.
Face very red and hot.
Some nausea yesterday; may be from the swallowed
expectoration.
Has lain on right (painful side); now she must lie on
the left side.
Good deal of fever this morning.
Some dyspnœa.

Bell. 20 m. (F.)

Jan. 12. Pulse 100.
Coughs a good deal, loose, but hard to get up; expecto-
ration white, with a little yellow. Painful at
times during harder paroxysms of cough.
Cheeks very red in a large circle.
Mouth quite dry.

Tongue dry, thin white coat, and cracked.

Thirsty; drinks often.

Stool thin, watery, yellow.

Nosebleed profuse yesterday.

Menses came on yesterday, very scant; usually has nosebleed during first day.

Delirium, talking to imaginary persons, to absent brother, talks to some one she imagines is in bed with her.

Headache by spells.

Dizzy when rising up.

Breathing rapid and quite short.

Faintness; hard to breathe at times.

Urine once a day, and profuse then.

Throat dry and sore.

Breath foul. Getting quite weak.

Bell. 20 m. (F.)

Jan. 13. Less fever.

Delirium about letters supposed she has received.

Mouth and lips very sore.

Tongue sore, dry, cracked; white on edges.

No appetite; thirsty.

Coughs less, but painful; some tighter, yet she raises some expectoration.

Lies quiet; painful to lift her up.

Bed feels very hard to her.

Loose stool yesterday; *foul*.

Breath very foul.

Urine once a day.

Bapt. 9 m. (F.)

Jan. 14. Seemed better all day yesterday, brighter; less fever until about midnight.

Delirious this morning; *thinks some one is in bed with her.*

Some appetite; calls for food.

Cough continues, but less.

One stool, very watery, very offensive, and leaks away when coughing.

Bed feels very hard to her.

Breath very offensive.

Arn. 10 m. (F.)

Jan. 15. Fever broke last night about 1 a. m. Extremely weak; cold, clammy sweat; pulse down to 60 and remains at 60 this morning; is now (8 a. m.) in a deep, comatose sleep; does not arouse for food or medicine; extremely low.

Couple stools yesterday, watery, profuse, *very foul*.

Clammy sweat on forehead.

Coughs some with pain.

Chest feels oppressed and like a great load on it.

S. L. At 8:30 A. M., she comes out of her stupor and *talks rationally and seems generally much better*.

P. M.—Has rested well all day.

Has taken Bovinine as food.

Pulse 74, and seems much stronger.

Coughs some, with pain in right lower lung.

Feels generally better and brighter.

Mouth better; lips better.

No stool since yesterday.

S. L.

Jan. 16. Improving. No pain in chest, except when coughing a very little.

Had a bad spell of coughing last night; better when sitting up.

Natural stool at 2 A. M.

Some appetite.

S. L.

Jan. 17. No fever, yet skin is hot.

Doing well generally.

Coughs some; seems loose, but no expectoration.

Bowels normal.

No bad spell of coughing last night.

S. L.

Jan. 21. Has been getting along nicely.

Right side painful, pleuritic stitch through to back. May have taken some cold.

Urine once in 24 hours, but free.

Some backache.

Kali-c. 200 (B. & T.) 2 doses 3 hours apart.

Promptly better and made a rapid and uneventful recovery. Likely *Arn.* should have been given instead of the *Bapt.*, as events prove. The result of *Arn.* was brilliant.

MABEL H., aet. 12.

Came down suddenly with a raging fever, pulse 145; face flushed and full; stupid, *lies quietly without any complaint* and without realizing her condition; frontal headache; dizzy on rising up; not very thirsty, small amount satisfies; this morning felt tired and has had no appetite. Hurts to shut her eyes, a smarting at the edges.

Three or four weeks ago she had an attack of remittent fever, a slow consuming fever, patient seemed to be gradually burning up. *Sulphur* was the principal curative remedy then, hence was given *Acon.* 9 m. (F.)

Fever continued quite high for ten hours when it entirely passed away, leaving her well. She was up and about the house as usual the next day. No return; in fact seemed to be much better generally thereafter.

GRACE R., aet. 13.

Commenced yesterday with very high fever, becoming extremely high during the night; no delirium; *lies quiet*, deep, stupid sleep, with mouth wide open; has been languid for a couple days; poor appetite; wants to be let alone,

Acon. 9 m. (F.)

Next morning felt as well as usual and would have been running about if the mother had not prevented. Remains well.

MABEL H., aet. 8.

Came down suddenly with a very high fever; pulse rather weak and very rapid. *Lies quiet*, sleeping; rather stupid. Face flushed and hot. Skin hot but not excessively dry. No other symptoms could be elicited.

Acon. 9 m. (F.)

Well next morning and about the house as usual. Remains well.

MARIE H., aet. 3.

Suddenly taken down with a very high fever; more or less stupid and sleepy. *Lies quietly dozing*. Body hot, but not excessively dry. No great thirst. No other symptoms.

Acon. 9 m. (F.)

Up and about the house as well as usual the next day. Remained well.

These are exceptional *Aconite* cases in that there was no apparent restlessness nor anxiety. These four little girls were as quiet as could be, yet they each had a raging fever; they were literally burning up. The heat of the fever seemed to make them stupid and to hold them in a dazed condition.

There is no question but that *Aconite*, as a routine remedy for fever, is greatly abused, but I also believe it should be given in many similar cases where *Gelsemium* has become the routine remedy.

Aconite has a feeling of great languor and drowsiness with inability to arise from the lounge or bed; the patient feels prostrated with the fever and becomes too much so to do very much tossing about. The great muscular weakness, weariness and prostration, in consequence of the consuming and raging fever, keeps the patient quiet.

The ideal *Aconite* patient has agonizing tossing about with the fever, yet the rapid and complete cure of these four little girls shows it has also a great languor and drowsy quietude.

A CASE FROM MY NOTE-BOOK.

F. S. DAVIS, M. D., Quincy, Mass.

I. Mr. S——, 52 years old, a large, heavy, healthy looking man, a teamster, came to me Nov. 16, 1898, with the following:

For 20 years has been obliged to pass urine very often day and night.

Sixty years ago had gonorrhœa.

Fifteen years ago was examined and treated for stricture.

Has great urging to urinate, must go in haste; much bearing down to expel urine. Pain and scalding all through the urethra. Urine flows first in drops, then in a very small stream.

Must pass it as often as fifteen times a day—stream has gradually become smaller until now it is nearly impossible to expel urine and is in great pain until a little urine passes. I gave him *Thuja* 30, a powder to be taken morning, noon and night, with directions to omit as soon as he got any relief.

Nov. 21.—Reports after taking the medicine one day had a very bad night, no sleep from a constant desire to urinate, no urine passing.

In the morning at 9 o'clock again attempted to pass urine and to his surprise it came freely and with no pain.

Placebo.

Dec 11. Reports no more trouble.

He expressed great surprise that after all the treatment under different doctors, with no cure, that so little medicine should cure him.

HALF TONES.

It is our intention to issue with this volume, half-tone reproductions of portraits of Hahnemann's fellow workers, accompanied by a short biographical sketch of each. We begin the series in the present number with the portrait of Bœnninghausen.

BOENNINGHAUSEN.

Clemens Maria Franz, Baron von Bœnninghausen, Doctor of Civil and Criminal Laws and of Medicine, was born March 12, 1785, in Overijssel, a province of the Netherlands. His ancestors belonged to the oldest nobility of Westphalia and the Rhine.

In his twelfth year he entered the high school in Münster, and after remaining there six years he went to the University of Groningen, where he spent three years, devoting himself to the study of Law and also with great zest to the study of Natural

History and of Medicine. In 1806 he received the degree of Doctor of Civil and Criminal Laws, and began his career as advocate. The following year he accompanied his father to Utrecht, whither the latter was sent as delegate from the Electoral Committee of Overijssel to the King of Holland. Being more familiar with the French language than his companions, young Bönninghausen was admitted to the audience to act as interpreter. In consequence of this he soon received the unexpected appointment of Auditor to the State Council, and within a year he was promoted to the post of Auditor to the King and *Secrétaire Générale des Requetes*. This latter office he held until the abdication of the King of Holland, in 1810. Bönninghausen declined every position that was afterward offered him in the service of Holland and returned to the paternal estate to devote himself to the study of Agriculture and of the auxiliary sciences, especially Botany, and it was through his efforts that the Agricultural Society of the District of Münster was founded. In 1816, on the organization of the Prussian provinces, he was appointed Landrath for circle of Coesfeld, in which his estate lay, and continued till 1822, when he was appointed General Commissioner of Appraisements for Rhine and Westphalia. He published a "Prodromus Floræ Monasteriensis" in 1824, and was entrusted with the direction of the Royal Botanical Gardens at Münster, through which he came into relations with many of the first botanists of Europe, two of whom, Sprugel and Reichenbach, awarded him the highest honor known to a botanist by each naming a genus of plants after him.

In 1827 his health became seriously impaired, and the disease, which was pronounced by two distinguished physicians to be purulent consumption, grew so rapidly worse that in the Spring of 1828 all hope of his recovery was abandoned. This was the first occasion of his acquiring a knowledge of Homœopathy. Having given up all hope of recovery, he wrote a farewell letter to his old and cherished botanical friend, Dr. A. Weihe, who was the first homœopathic physician in the whole of Westphalia and the Rhine—a fact, however, of which Bönninghausen was not aware, inasmuch as their correspondence had treated only of botanical subjects. Weihe, much concerned at the intelligence of Bönninghausen's illness, requested an accurate description of

the case, expressing the hope that he might be the means of saving his valuable friend through the aid of the newly-discovered method of cure. Bœnninghausen complied with his request, followed implicitly the directions he received, and gradually recovered, so that by the end of the Summer he was regarded as cured. From this period he became an active and earnest advocate of Homœopathy. He revived the half-forgotten knowledge of medicine acquired at the University of Groningen, and was of service to many who sought his aid, although he had not a license to practice as a physician, a fact which might have subjected him to many impediments and disamenities had he undertaken to engage in a general medical practice. For five years he expended his energies upon literary labors which had for their object to study thoroughly the practical part of Homœopathy and to facilitate and extend its application. At length so generally were his learning and success acknowledged that, in 1843, by a Cabinet order of His Majesty, King Wilhelm IV., all the rights and immunities of a practising physician were bestowed upon him.

In composing and publishing the works which have made his name famous and in the discharge of his functions as a successful practitioner, his days were filled with honorable toil. Bœnninghausen was in constant correspondence with Hahnemann from 1830 till the latter's death.

In 1848 he founded the Society of Homœopathic Physicians of Westphalia and the Rhine. The Homœopathic Medical College of Cleveland in 1854 conferred upon him the honorary degree of Doctor of Medicine, and on April 20th, 1861, the Emperor of the French, Napoleon, made him Knight of the Legion of Honor. In his seventy-ninth year, on January 26th, 1864, Bœnninghausen succumbed to a stroke of apoplexy.

Two of Bœnninghausen's sons became successful practitioners of Homœopathy. The elder, Karl, married the adopted daughter of Hahnemann's widow, and had access to the literary relics of our illustrious master.

Bœnninghausen perceived that it was a matter of prime necessity that the *Materia Medica* should be so studied as to bring out into bold relief the characteristic peculiarities of each individual remedy so that the practitioner might easily and surely single out

the remedy most similar in its symptoms to the disease under treatment. In his "Therapeutic Pocket Book," "Concordance of the Relation of the Remedies to Each Other," "Characteristics of Homœopathic Remedies" (which has never been translated into English), "Treatment of Intermittent Fever," "Essay on Whooping Cough" and "Repertory of the Materia Medica," he brings prominently into view the great importance of the characteristic symptoms and the value of the modalities and concomitants of the symptom as marks of individualization. His work on the "Treatment of Epilepsy" was never published. In 1863 he published his "Aphorisms of Hippocrates with the Glosses of a Homœopathist," a large octave volume so full of learning and of sagacious observation as to have won enthusiastic commendation from the entire allopathic press.

Bœnninghausen began to practice Homœopathy according to the practical rules laid down by Hahnemann. When the high potencies were first introduced he began very cautiously to make experiments with them and devoted seven years to these experiments, the results of which were always recorded and carefully collated. Finally he became convinced of the superiority of the higher over the lower potencies, and for twenty-two years, up to the time of his death, he used only the high potencies, at last exclusively the 200th in all cases. It was his custom to record every case for which he prescribed, and in 1862 he informed the writer that he had just begun the 112th volume of his "Clinical Record." Of these 112 volumes it is safe to estimate that at least eighty contain records of cases treated almost exclusively with high potencies. Bœnninghausen adhered closely to Hahnemann's practical rules in prescribing. He was careful never to repeat the remedy until the effects of the dose already given were exhausted. He thoroughly disapproved of alternation of remedies.

Thus active, earnest in every good work, filling with honor positions of high public trust, but devoting his faculties with equally conscientious fidelity to the cure of peasant and noble, indifferent to nothing that concerns the welfare of mankind, ever ready to point out to the seeker after knowledge the paths which he had so successfully trodden, thus lived, trusted, honored and

beloved this distinguished physician and Christian gentleman who has now gone to his rest. [Dr. Carroll Dunham in the *American Homœopathic Review* for April, 1864 (slightly condensed).]

 BOOKS FOR REVIEW.

ESSENTIALS OF HOMŒOPATHIC THERAPEUTICS: Being a Quiz Compend of the application of homœopathic remedies to diseased states, by W. A. Dewey, M. D., Professor of Materia Medica in the University of Michigan Homœopathic Medical College. Second edition, revised and enlarged. Philadelphia: Boericke & Tafel. 288 pp. Cloth. Price, \$1.50, by mail \$1.59.

This book by Prof. Dewey we have much pleasure in commending to students for whom it has been expressly compiled. The very difficult labor of selecting remedies having in their nature and symptoms a strong relation to certain diseased states has been admirably executed. The author, in his preface, points out the danger of associating remedies with diseases or diagnosis with treatment, and gives this later work its proper place as a companion to his *Essentials of Homœopathic Materia Medica*. The two books are not only a boon to students, but would be strong meat for the average graduate. C

THE PORCELAIN PAINTER'S SON; a Fantasy. By S. A. Jones, M. D. Philadelphia: Boericke & Tafel. Price, cloth, 126 pp. \$1.00, by mail \$1.05.

Any work that adds lustre to the name of Hahnemann is welcome in these degenerate days. Dr. Jones, in this extremely interesting book, has taken a few of the pearls of Hahnemann's life and put them in a setting of gold, and our only regret is that he has not given us more of the same. The last chapter, "Under Which King, Bezonian?" is full of timely warning. It sounds like a postscript to the *Organon*, and should be pressed upon the attention of all colleges professing to teach students Homœopathy but supplying a very different article. C

PERSONALS.

DR. F. C. GRAY has left Philadelphia to locate in Riegelsville, Bucks Co., Pa. We are sorry to lose Dr. Gray, as apart from his specialty as a diagnostician, he was making rapid progress as a Hahnemannian prescriber. He took one year's course at the Post-Graduate School, and conducted the clinic for Chest and Heart Diseases in our Dispensary, besides demonstrating in Physical Diagnosis at Hahnemann Medical College and doing out-patient work at the Hospital Dispensary. He has our best wishes for success in his new location.

DR. KENT'S REPERTORY. The eleventh fascicle, including Sleep and Dreams, Chill, Fever and Sweat, and Skin is now ready for delivery. The twelfth (last) fascicle will be completed about the middle of the month.

CORRECTION.

BROOKLYN, March 5, 1899.

DR. J. T. KENT—*My Dear Doctor:* The brief remark attributed to me in the report of the discussion of your paper on "Materia Medica," read before the New York Homœopathic Union, is a sort of tautological "Abracadabra." Please make the following correction in the April number of your journal. "I have a word to say about pathology: the pathology which concerns us in any case as homœopathic physicians, is not the disease process, and not its structural lesion, but its representative symptoms: Any theoretical study of the pathology is impractical."

While making this remark I admit the great interest we have in observing by ocular inspection, by palpation, or auscultation, the progress or repair of organic lesions under the operation of our remedies.

In discussion of Dr. Nash's paper on symptomatology, on the fourth line of my remarks upon a case of tetanus, it is stated,— "Recently gave Calcareo for symptoms of indigestion;" it should have been—"recent symptoms of indigestion indicated Calcareo."

The statement of the patient's prompt recovery was omitted from the report.

Fraternally and truly yours,

B. L. B. BAYLIES.

ANNUAL MEETINGS.

ANNUAL RE-UNION OF THE ALUMNI ASSOCIATION OF THE
HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA,
WEDNESDAY, MAY 10, 1899.

The annual re-union and banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Wednesday, May 10, 1899.

The business meeting will convene at 4:30 P. M. in Alumni Hall, Hahnemann Medical College, Broad street above Race, Philadelphia, and the banquet will be held at 9:45 P. M. at the "Walton," S. E. corner Broad and Locust streets.

The trustees and faculty of the college extend a cordial invitation to all the members of the alumni and their friends to attend the fifty-first annual commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, S. W. corner of Broad and Locust streets, Philadelphia.

Banquet cards can be secured by notifying the secretary. Requests received after Wednesday, May 9, 1899, cannot be considered.

W. D. CARTER, M. D., Secretary,
1533 South Fifteenth street, Philadelphia.

ALUMNI ASSOCIATION OF THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

The Alumni Association will hold their annual re-union and supper at the West End Hotel, Vandewater avenue and West Bell Place, St. Louis, Mo., on Wednesday, April 5, 1899, at 8:30 P. M.

A. L. BOYCE, M. D., Secretary,
2620 Park avenue, St. Louis, Mo.

ALUMNI DAY AND ANNUAL BANQUET OF THE ALUMNI ASSOCIATION OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

Thursday, May 4th is the date set for Alumni Day this year. Dr. Helmuth writes: "A carefully prepared programme of the exercises is now being arranged by the faculty, and additional care is to be extended over all the named clinics, in order that the day may be one of instruction as well as of social re-union."

The annual meeting is the same evening at half-past six at Delmonico's, Fifth avenue and Forty-fourth street. The banquet follows and promises to outdo the successes of previous years as an elaborate post-prandial programme has been arranged. The price of the dinner will be four dollars, and all alumni and friends will be welcome. Send early for tickets to Chas. Helfrich, M. D., 64 West Forty-ninth street, New York.

EDWIN S. MUNSON, M. D.,
Corresponding Secretary,
16 West 45th street, New York.

INTERNATIONAL HOMŒOPATHIC CONGRESS, 1900.

ESTEEMED COLLEAGUE:

At the London Congress of 1896, it was decided that we should meet next time in Paris, and that the quinquennial gathering should be ante-dated one year, so as to make it coincide with the Exposition Universelle which is to be held in that city in 1900. The Société Française d'Homœopathie has accepted the task of organizing the Congress, and has appointed the undersigned a Commission for the purpose. It has also obtained from the Management of the Exposition a place among the Official Congresses meeting in connection therewith.

We therefore beg to inform you that the Sixth Quinquennial International Homœopathic Congress will assemble in Paris, at a date hereafter to be determined, but lying between July 20th and August 19th, 1900; and we earnestly solicit your co-operation in our work of preparation for it. We need essays for our discussions, and the presence of representatives of our system to con-

duct these to advantage. Will you be good enough to take such measures as you deem most suitable for interesting in our projected gathering the readers of the JOURNAL OF HOMŒOPATHICS?

All information regarding the Congress will be published in good time in the French Homœopathic Journals.

With our fraternal regards, we remain, dear Colleague, yours most truly,

P. JOUSETT, *President.*

R. HUGHES, *Permanent Secretary.*

LEON SIMON, *Secretary.*

VICTOR CHANCEREL.

A. GONNARD.

MARC JOUSETT.

J. LOVE.

J. P. TESSIER.

P. S.—All essays and papers should arrive by January 1st, 1900, at the latest, and should be addressed to

DR. LÉON SIMON,
24, Place Vendôme, Paris, France.

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BACK NUMBERS. Thirty-six lectures on Materia Medica and twenty-one lectures on Homœopathics have now appeared in the JOURNAL. These will form quite a text book for students and recent graduates. Back numbers from Vol. I., No. 1, can be supplied. New subscribers taking the back numbers will get the reduced rate of \$5.00 for the three years.

THE ITCH FOR OPERATING.

Under the title *Le Prurigo Secandi*, Dr. Minime gives in the *Journal de Médecine* of February 7th an extract from a posthumous work of the late Dr. Léon le Fort; and as the words of the writer appeal with double force to homœopathists, with their splendid law of medicinal cure, we think we cannot do better than translate a few passages for the benefit of our readers.

We are quoting now Dr. Le Fort's words, not Dr. Minime's introduction.

"What are the causes of the present *furia operativa*, which rages even much more fiercely over foreign surgery than over French? The first, and most legitimate, is the absolute, unshakable, I might even venture to call it blind, confidence which surgeons feel when they carry out antiseptic precautions. The general state, diatheses, physical or moral influences peculiar to the patient are no longer worth any consideration; all the danger is in atmospheric germs; and, provided they can be guarded against, the surgeon imagines he can open the abdomen or a joint without the smallest risk. What is the good of losing time over a long and tiresome treatment when by an operation, the evident dangers of which he refuses to acknowledge, he can bring about a cure? Why puzzle his brains to make an exact diagnosis when he has only to make an incision in order to decide whether the disease he suspects really exists or not."

Dr. Le Fort then goes on to mention a surgeon who tells how he opened the abdomen of a young woman, aged nineteen, because she complained of a pain in that region, rather than make a digital examination. He had the satisfaction of finding that everything was all right, and that his patient had no disease at all!

"For some fanatics," continues Le Fort, "death after operation would be impossible if some precautions were not neglected, some detail forgotten which had allowed some germs to grow, some carbolized silk employed which had not come from a good maker, or catgut which had not been prepared after the latest formula."—*Homœopathic World*, Vol. XXXII.



DR. CARL GOTTLOB FRANZ.

Journal of Homœopathics

VOL. 3.

MAY, 1899.

NO. 2.

DEPARTMENT OF MATERIA MEDICA.

ARGENTUM METALLICUM.

Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.*

I never take up the study of these minerals and hard substances without realizing their wonderful depth of action. The hard and inert substances, the substances that are earthy, that belong to the crust of the earth, to a great extent affect the bone and cartilage and tissues that have a feeble circulation. We see a gradual rising as we go away from the mineral substance through the animal and vegetable; we see, as it were, a rising up from the harder tissues of the body to the softer tissues, and as these bases combine with acids, as in *Argentum nitricum*, we see the softer tissues affected more particularly. We have far more mental symptoms, nervous symptoms, anxiety, more disturbance in the circulation and blood in *Argentum nitricum* than the metal exhibits. In *Argentum metallicum* we have an insidious disease, we have necrotic carious affections, disturbance in the cartilages, where the blood circulation is feeble; we have, as it were, a closing up of the termini of blood vessels, *i. e.*, a withering of the calibre of the smallest capillaries and a peculiar kind of insidious complaint that comes on without warning, without excitement. We see the results of disease, which has lingered in the economy and come with such slow progress and so insidiously that it often

* Stenographically reported by Dr. S. Mary Ives.

manifests itself as a mere matter of general weakness. Mental weakness, loss of memory, inability to think, confusion of mind, forgetful; these things have been the principal things in the history of *Argentum metallicum* conditions. But in the coming out of the complaints of *Argentum nitricum* there is a great turmoil in the economy, boiling of the blood from head to foot, with throbbing and pulsation, excitement of the worst sort, fears, fears he will have a fit, palpitation, so that he is never comfortable. All these exist in *Argentum nitricum*. In *Argentum metallicum* they exist as a mere shadow, are scarcely observable, but ulceration takes place of a deep character from insidious inflammation of the periosteum. In *Argentum nitricum* we see the mental symptoms thus manifested, but in *Argentum metallicum* the tissues are affected in an insidious manner. If we go from the earthy substances to the vegetable substances and the animal poisons we see how the human race is affected from the hard tissues to the soft tissues.

Argentum metallicum has more complaints on the *left* side of the body and *Argentum nitricum* has more complaints on the *right* side of the body. In the abdomen and pelvis we find symptoms and in the ovaries. In *Argentum metallicum* the left side is most affected, so much so that in the provings and verifications the left ovary has been principally affected; in *Argentum nitricum* both ovaries are affected, but so much more upon the right that the right has received the most attention and has the most verifications.

It seems strange that in the comparison of the two metals, *Gold* and *Silver*, we should have such a wonderful prediction from the earliest Biblical history, and from the earliest times it seems that these two metals have been made use of. It seems strange that so many thousands of years before provings were made, it is seen that wherever *Silver* was spoken of in Biblical lore it was teaching of things that were of the *truth* and doctrines of man's *mind and intellect*, and wherever *Gold* was spoken of you can easily trace it into things of the *affections and love*. On this point there is no confusion in one place from beginning to end. As we bring out the proving we have confirmation of this. We find in the proving of *Silver* a predominance of *intellectual* symptoms.

The intellectual mind, which is the mind of truth; is affected in *Silver*, but the voluntary mind, which is the mind of the *affections* in *Aurum*. We find in the most decided way the affections disturbed in *Aurum*, and in *Argentum* we find the intellectual mind disturbed. What is this but a confirmation of the truth known to the Divine Creator, and in forming His Word He formed it out of the simplest of the natural things in the world. So it is seen that the Almighty knew this proving of *Silver* better than we know it.

When we come to *Gold* we will see that it deals more with disturbances and lack of harmony in his affections. The highest affection of man is for his own life. Healthy man loves his own life and will do anything to save it, and all laws are made to protect man's life. When a man loses this love it may be said he has lost everything. So we have in *Gold* an entire destruction of that love. It is first a loathing of life and he longs to die. Is it any wonder that *Gold* has been used in the history of man as a representative substance, to represent the love and affection of man, and *Silver* as that which represents the intelligence of man and truth.

When this state comes upon man he imagines all sorts of things, goes into insanity and mania, and takes on a delirious rage. *Argentum* has cured epilepsy, which shows how deeply it takes hold on the life in an insidious manner. We notice that when epilepsy goes on the patient becomes imbecile, and epilepsy belongs to that class of complaints that come on insidiously. Affections that come on in the most silent manner, lingering, insidious and progressive. Such is the type in epilepsy, caries of bone, etc. Now and then the outermost manifestations are in ulcerations that eat deeply and send forth a greenish discharge, a thick, greenish-yellow discharge. Individuals come down with inflammations of mucous membrane with green thick or yellow thick discharge, as thick as boiled starch. Again in some lingering complaints as in catarrh a discharge from the mucous membranes is seen resembling boiled starch, thick, white, ropy, coming off in chunks, and described as like boiled starch. The constitution resembles those who have inherited phthisis; grandparents or great-grandparents have died of phthisis. There is left in the economy a predisposition and we know that this state is sluggish. The

outer aspect of this patient is sickly, pale skin, hollow eyes, excessive growth of hair, tendency to tubercle, dry cough from a tickling in the air passages. They grow up sometimes lean, others pass off with marasmus. Thus we have an insidious growth and shadowing forth of tubercular results of disease. Deep ulcerations. The insidious complaints are the ones that we have to study. Now when these patients come down sick, get chest troubles, there is a lingering, hanging on, slow insidious trouble, coughing only in the daytime when moving about. Dry, hacking cough with boiled starch expectoration. From laughing or any exertion of the chest, on comes a dry, hacking cough. Such is the tendency; he is on the road to phthisis, he is born with it, he has it in his nature. The remedy is a deep remedy; it is a remedy whose complaints come on very slowly; it is a steadily progressive remedy; it is anti-psoric and anti-sycotic, There is every reason for anxiety about the health. Tendency to ulceration, and tubercle of the larynx because of this predisposition, especially in singers and public speakers with this predisposition and history. It has in its nature a predisposition to sick headache, periodical headaches.

Now under the head of "Vertigo" we read: Vertigo, when looking at running water; giddy; a crawling and whirling in head as if drunken; felt suddenly giddy and as if a mist was before eyes. Attacks of vertigo; he cannot think rightly. Attacks of confusion of mind; vertigo when reading. This is in keeping with the whole mental nature of the remedy. He is mentally tired when attempting to think. When attempting to think or when attempting to read complaints come on, because his intellectual man is disordered. "Left sided headache as if in brain substance," etc. Headaches and dyspepsias induced by mental agitation, nursing the sick, etc. Any little excitement or disturbance of the mind brings on these headaches. He has no mental endurance. He is a continual victim of brain fag. He is incapable of carrying on a regular business, and hence it has been said, almost a keynote, "Brain fag of business men." Headaches of business men. No disturbance you see in the affections, but disturbance in the ability to exert the mind. Increasing state of weakness of the mind, that is brain fag, mental prostration; and this runs all through the remedy.

Now among the eye symptoms we see evidence of this deep-seated nature to which I hinted. Very deep-seated eye troubles that have existed for many years. Old, insidious eye troubles; scrofulous. Itching of the lids and the corners of the eyes with long lingering redness of the margins of the lids. Red eyes with enlarged blood vessels and a good deal of discharge. And then there are pustules along the edges of the lids. Any effort to separate the lids causes their edges to be drawn in. Lids raw, sore, red, slightly everted, without smarting or pain. That is a peculiar thing. In this low form of disease there are abundant purulent discharges that are painless, without any smarting or sensation of pain. The lower the troubles are, the deeper seated and insidious they are, the more likely are they to be painless. Those troubles that are more excitable and come on in a hurry are shorter lived. So it is that there are painless discharges in *Argentum metallicum*. You will find that it cures often the most troublesome, lingering, inveterate gleet, an old gonorrhœal discharge that is painless, and the thick, starchy discharges from the chest are not accompanied by pain. In the chest there is no pain, only a little tickling with the coughing up of boiled starch. Troubles in the larynx with hoarseness and loss of voice, with a little boiled starch-like mucus. Sometimes in spite of the long time the trouble has existed there is still a thick yellow discharge, and thus we have two kinds of discharge, a thick yellow or yellow-green and a boiled starch discharge. Thick, ropy and tenacious mucus difficult to dislodge from the parts. From the eyes, throat and mouth we have the same threatening, purulent discharge.

"Stricture of the lachrymal duct." "Infant aged 4 weeks, since 3d or 4th day abundant purulent discharge, pus oozing in jets, lid could not be separated." "Affections of the tarsal cartilages." Everywhere you will find cartilage affected, the tarsal cartilages, the cartilages of the larynx, of joints all through the body. Deep-seated necrosis of cartilages.

Now we come to the ears. Buzzing in the ears, with ebullitions and heat. "Corrosive itching, scratching until bleeding ensues." All of these low forms and passive conditions of the lowest kind, insidious catarrhs, are found in the nose, and affect not only the

mucous membranes, but also the cartilages of the nose and the bones. "Most exhausting, fluent coryza with sneezing." "Affections of nasal cartilages." It is a deep-seated catarrhal state, fundamental in character, such as occurs in tubercular constitutions, in old sycotic constitutions, in old gouty constitutions, with weakmindedness and mental prostration.

Under "Face:" Pale and earthy face; face straw-colored. Sickly face.

Throat feels raw and sore during expiration. Viscid, grey, jelly-like mucus in pharynx, easily hawked up; in early morning. Thick, viscous saliva sticks to hard palate, causes a scratching. Mercurial angina.

Patient is always hungry. Hungry in the morning. Hunger with nausea. Hunger when sick at the stomach. All-gone feeling; great hunger. Too empty.

Female sexual organs. "Prolapsus with pain in the left ovary." Pains in the left ovary and loins. Here comes a use which would be well for you to bear in mind. In cancerous affections of the uterus *Argentum metallicum* is a great palliative. Purulent, ichorous, sometimes bloody, matter flows from uterine ulcers, filling room with unbearable stench. History of prolapsus, which sets forth to a great extent constitutional weakness of the whole woman. Weakness and relaxation of these parts. Ulcers of uterus; purulent, ichorous matter.

Hoarseness of the larynx. Very hoarse, cannot speak a loud word. Hoarseness, aggravated speaking for a length of time. This medicine has been one of the old stand-bys from the time of Hahnemann for loss of voice in professional singers, especially with that deep-seated disordered constitution underlying it. When the robust, vigorous constitution takes cold then the highest order of remedies would be suitable; but when one with deep-seated constitutional troubles, then we have to look for deeper remedies, especially after the superficial ones have exhausted themselves and will do no more.

Cough. Attacks of coughing from laughing or any little excitement of a similar character. "Complains about a constant tickling in the throat setting her to coughing." "Dull cutting, becoming a shooting, rising up in trachea and forcing him to

single coughs." "Cough with easy expectoration, white, thickish, looking like boiled starch." "When coughing a raw, sore feeling in throat, not in windpipe; also when not swallowing." "Dry cough and easy expectoration." Expectoration is seldom copious. He is relieved by a little bit of expectoration. Sputa like gelatine and grey. Sputa easy, white, thick, like boiled starch. Cough is accompanied by an easy expectoration of white, thick, starch-like mucus, without taste and smell, but most of the time it is not attended by expectoration. Now and then a little expectoration. Dry, hacking, tickling cough, relieved by lying down at night. Coughs and hacks all day, no cough at night. You will hear one of these Argentum met. patients going round with a cough like this (imitating it). Every minute or two it is cough, cough, a sharp hack, without any expectoration at all, but up will come a little globule of boiled starch. It does not relieve the cough more than a second and so the cough goes on. Ameliorated lying down at night. Phthisical history. Irritation of the chest. He is preparing to go into consumption.

Among the "Nerves." Convulsive shock of the whole body when dropping off to sleep, preventing sleep. Paralytic weakness on motion, etc. Numbness in the limbs, as if asleep, loss of power. Numbness, trembling, paralytic weakness. All the limbs feel asleep. These are the most striking features in the extremities. Paralytic affections. Deep-seated brain and spine affections. We see that this medicine strikes at the very root of man. It goes to his very beginning, and radiates to his extremities and surfaces, manifesting deep-seated, slow, insidious troubles; troubles that come on slowly and progress slowly. A wonderful lack of excitement prevails in this medicine.

Tenderness. Tearing pressure and pain in the bones. Caries. Articular rheumatism without swelling, etc. When pressed upon the parts feel sore, as if bruised.

Purulent, ichorous, bloody matter from ulcers.

This gives you a general superficial idea of Argentum metallicum.

SABINA.

The use of this remedy is generally confined to symptoms of the kidneys, bladder, uterus, rectum and anus; inflammatory and hæmorrhagic symptoms principally of these parts. Sabina establishes a tremendous turmoil in the circulatory system, with violent pulsations all over the body. The patient is wonderfully disturbed by heat, is worse in a warm room or from too much clothing. Wants the windows open and to be in the open air. (*Puls.*). This turmoil in the circulatory system is such as might be expected in a hæmorrhagic remedy. Tendency to bleed from all the mucous membranes, especially of the kidney, bladder and uterus. It has a decided effect in diminishing knots, enlargements, or varices in veins. The principal action is on the lower bowel, about the anus. Hæmorrhoidal tumors which bleed copiously. Constipation with bleeding hæmorrhoids. A sense of fulness in these parts. A sense of fulness in all the veins of the body, a sense of distension, fulness, puffiness, bloating, with pulsations all over, associated with repeated hæmorrhages from the mucous membranes, particularly of the kidneys, bladder, rectum and uterus. Great burning and throbbing in the region of the kidneys. Severe suffering, attended with inflammatory symptoms; bloody urine; inflammation of the bladder with continuous urging to urinate, with the general aggravation from heat and the throbbing all over.

Inflammation of the urethra, with a gonorrhœal discharge, or a catarrhal discharge in the male. The most important sphere is in its menstrual symptoms, and its relation to uterine hæmorrhage. In the menstrual symptoms the woman suffers from bearing down, labor-like pains. Most distressing dysmenorrhœa. She seems to menstruate too long and too copiously, and at times in some subjects the flow does not stop before the next period begins. Too frequent and too prolonged copious menses. A striking feature in this drug, as in a few other remedies, is that the flow is liquid, bright red, intermingled with clots. It suits many cases in which the flow slackens up and remains away for a while and then labor-like pains come on, and an enormous, partially decomposed clot is

passed and this is followed by a bright red flow. This occurs over and over again. Such a state comes on after abortion, after labor and in dysmenorrhœa. Accompanying the labor-like pains is a violent pain in the sacrum which shoots through to the front; pains extending from the sacrum to the uterus or pubes. Another striking feature is stitching, shooting, knife-like pains, causing the patient to scream out, *shooting up* the vagina to the uterus, or up as far as the umbilicus. These two features, shooting pains from the back to the front and from below upwards, with hæmorrhages, are striking corroborations.

Belladonna and Sabina are the two most important remedies in abortion at three months. *Bell.* has the same bearing down pains which expel a clot followed by a copious, bright red flow. But the *Bell.* state is not like that of Sabina. In *Bell.* it is a hyperæsthesia, oversensitiveness to touch and jar; the patient will not allow the nurse to jar the bed, and the bright red flow is hot, so much so that it is noticeable; the parts over which the flow passes are so sensitive that the blood, which may have only a natural heat, feels intensely hot to her. This is in keeping with the oversensitiveness of *Bell.* to touch, light, motion, jar. If the physician jiggles the bed a scowl will immediately come over the patient's face. *Bell.* has many pains, not only shooting up, but in every direction, irregular pains and bearing down pains. They come and go like lightning, appear suddenly and disappear suddenly, shooting in every direction. If these symptoms are present you will never need Ergot for its physiological effects. It has often been argued that in these cases of hæmorrhage you "won't have time to get symptoms." The expert physician will often see all these symptoms in the twinkling of an eye. The actions of the patient, a word dropped by the nurse, and what he has observed himself, will have shown him the remedy.

As a medicine to prevent abortion its use is unknown, because the symptoms we do know it to produce are those which come out after the abortion has begun, after the membranes have ruptured, or the ovum passed, or when the placenta is about to be expelled. It establishes the normal activities of the uterus so that it will expel whatever is left behind of these membranes. The curetting habit is a means you should not consider; it is never

necessary with the homœopathic remedy. It suggests that there is something defective about the woman's organs, which is not so.

"Inflammation of the ovaries or uterus after abortion or premature labor." Violent pains through ovaries and uterus. Aching in the sacrum as if broken, as if the bones would separate. Most violent tearing, rending, burning pains, with throbbing in the sacrum, with burning and throbbing all over the body, especially throbbing in parts, whether it be the uterus or bladder. "Copious hæmorrhages, accompanied by uterine colic." Contractive labor-like pains extending from back to pubes and great urging to urinate. The uterine colic described is labor-like, drawing up like colic, but also bearing down as if to expel the clot. Metrorrhagia, resulting from plethora; clotted and fluid blood; pain extending from sacrum or lumbar region to pubes, with severe bearing down, extending from lower part of back around abdomen and down thighs; blood bright red, thin, liquid; labor-like pains in lumbar and uterine region, discharge of large clots of blood, bright red, coming in gushes, particularly profuse on motion," etc. This describes the symptoms from abortion or menstruation. "Menses too profuse, too early, last too long, partly fluid, partly clotted and offensive; flow in paroxysms; with colic and labor-like pains; pains from sacrum to pubes."

At another time, during the climateric period, a woman is run down, say by overwork, too much child bearing; she has repeated uterine hæmorrhages of this character, bright red intermingled with clots; pain sacrum to pubes; she becomes exhausted and anæmic, but after a while she again builds up, her face becomes plump and she becomes plethoric, only to be broken down by another hæmorrhage. Uterine hæmorrhage in fibroids.

Chronic catarrh of vagina with granulations, copious leucorrhœa. Bloody leucorrhœa. Old, prolonged, psoric cases. This medicine especially suits gonorrhœa in women. It has all the wart-like excrescences found in *Thuja*, and found in sycosis. The *Thuja* wart is a little sensitive wart, appears to be covered with a thin film, and bleeds from the slightest touch. Sabina cures warty excrescences about the anus, cauliflower excrescences, gonorrhœal warts about the vulva and about the male genitals.

In the uterine hæmorrhages compare it with *Ipecacuanha*, which

has a gush of bright red blood fully as copious as Sabina, but at the beginning of that gush, before it has kept on long enough to produce exhaustion, the face becomes pale, there is nausea and a feeling of faintness, syncope, all out of proportion to the amount of blood lost. *Millefolium* produces a gushing flow, but it has a continuous dribbling day after day, a continuous flow of bright red blood. *Secale* looks like Sabina, and when it is indicated it should never be given in large quantities. It has the expulsive, bearing down, labor-like pains, with the expulsion of large clots and copious flow, but the flow is dark and offensive and after a short time it becomes thin and watery, leaving a brown stain, difficult to wash out; at times tarry, copious and continuous, as if the uterus had no ability to contract. If you observe the cases in which during labor or abortion crude Ergot had been used you will notice that the patient has feeble uterine contractions as a resultant condition, and this will be seen during the menses or in the next labor. The symptoms of ergot last for years; it is another psora. Large doses may kill the fœtus and cause abortion, but she will continue to bleed; the uterus will not contract when she most needs contractions. It produces a paralytic condition, and this is the state we prescribe *Secale* for. We seldom prescribe it for its primary effect, but rather for the state of sub-involution, when the uterus contains the secundines. There is a continuous oozing of dark and offensive flow. The picture is more complete if we find that no matter how cool the room is she does not want heat, but wants to be uncovered, and she is a lean, shrivelled, scrawny, hungry patient with dusky skin; she never takes on fat; is not robust. It is not suited to fat people. It produces varicose of the skin and the skin about the toes becomes dusky, and over the shin bones are dark spots, and she wants to lie with the extremities uncovered. Such patients lose flesh and become shrivelled.

In old, troublesome, lingering hæmorrhages, starting up fresh on the slightest provocation, Sabina will stop the gush, the acute stage, but it does not hold, the hæmorrhage recurs and then an anti-psoric is needed. *Sulphur* is very commonly the remedy, but *Psorinum*, though not laid down in the books for hæmorrhages, is full of hæmorrhages, and, after *Sulphur* has exhausted itself,

Psorinum will often have to follow for this oozing and frequent recurrence.

Phosphorus is somewhat like *Sabina*. It has a copious bright red flow, which may or may not contain clots. The striking features are outside the flow. There is pinched countenance, extremely dry tongue and mouth, violent, unquenchable thirst, craving ice cold water—the stomach can't hold enough of it. The hæmorrhage is bright red, in a gush or continuous oozing.

In this way we must study well the hæmorrhagic remedies. The physician must be acquainted with the emergency remedies, such as belong to the violent diarrhœas, cholera, violent sufferings and hæmorrhages. He must have them at his finger ends and he must be able to compare instantaneously. Blood must be stopped.

Atony of the uterus is a striking feature of *Sabina*. The uterus will not contract on itself until it has something to contract on, like a clot or mole. Hæmorrhages from other parts as well. But other remedies have taken its place in these regions because the individualizing symptoms have not been brought out.

Much rheumatism and gout; gouty nodosities in the joints; they burn so and are so hot that the patient is compelled to put the hands or feet out of bed. Gouty cases especially when the constitutional state changes; an alternation; when the gout is present there will be no hæmorrhages, and when there are hæmorrhages the gout will be relieved. An alternation of states. The gouty condition of the veins is often a hæmorrhagic state.

AGARICUS MUSCARIUS.

The most striking things running through this medicine are twitchings and tremblings. Jerking of the muscles and trembling of the limbs; quivering and tremors, everywhere these two features are present in all parts of the body and limbs. The twitching of the muscles becomes so extensive that it is a well-developed case of chorea. It has in its nature all that is found in chorea and has cured many cases of chorea. This is a general

belonging to all parts, to all muscles. Throughout the body there is a sensation of creeping and crawling. It is hardly confined to the skin, it is felt as if in the flesh, a sensation as if of ants. Itching of the skin all over which changes place from scratching. No place is exempt from this. There are strange sensations here and there upon the skin or in parts, cold sensations, sensations of cold needles and of hot needles; stinging and burning where the circulation is feeble, about the ears, nose, back of hands and fingers and toes, red spots with itching and burning as if frostbitten. It has cured chilblains and is a great remedy for chilblains. The patient is extremely nervous and sensitive to cold. Itching, pricking, tingling, etc., come on from mental exertion and are relieved from physical exertion. All the symptoms of Agaricus are also aggravated after sexual intercourse. There are depressing effects from sexual intercourse, especially in the symptoms of the spinal cord. It is useful for the symptoms which come on after coition in young, nervous married women; hysterical fainting after coition.

The *mental* symptoms are such as you would expect. Great changeability, irritability, mental depression and complaints which comes on from overexertion of the mind and prolonged study. The brain seems to be developed tardily. Children are late in learning to talk and walk, thus combining the features of two remedies, *Natrum muriaticum*, which has the symptom "late learning to talk," and *Calcarea carb.*, which has the symptom "late learning to walk." It will be noticed in *Calcarea* that this is due to a defect in bone and weakness. In *Agaricus* it is a mental defect, a slow developing mind. Children with twitching and early fainting, in nervous girls prior to puberty who have convulsions from being scolded, from excitement and shock; late in mental development. Children who cannot remember, make mistakes and are slow in learning. Nervous patients who on going over their manuscripts find out their mistakes in writing and spelling. The condition of the mind is one in which they are slow to grasp ideas; wrong words float in kaleidoscopically. When we read in the book "the whole psychological sphere as if paralyzed," we must read between the lines. The whole mind and sensorium seem paralyzed; the patient is sluggish, stupid, at times seems to

be delirious; there is confusion of the mind so nearly like delirium that it is not unlike intoxication. A delirium such as is produced by alcohol. He also becomes silly, says foolish and silly things, sings and whistles at an inopportune time, makes verses and prophesies; or he lapses into an opposite state, becomes indifferent to his surroundings. One who is mild and placid becomes self-willed, obstinate and conceited.

Difficulty in co-ordinating the movements of the muscles of the body. Inco-ordination of brain and spinal cord. Clumsy motion of the fingers and hands. In handling things she drops them. Fingers fly open spasmodically while holding things. You will sometimes cure Bridget in the kitchen with Agaricus or *Apis*, when the trouble is that she is continually breaking the dishes by letting them fall. These two remedies are opposites, Agaricus must stay near the fire, while in *Apis* she wants to get out of the kitchen. The awkwardness, clumsiness, etc., are both mental and bodily. Every sort of change is rung on the patient and the doctor. At times the patient is stupid, awkward and clumsy, at other times quick and poetical, can run off poetry without effort, *especially at night*. In the morning he is tired and sluggish and this may last till noon. The mental symptoms are worse in the morning and are relieved towards evening. All jerkings and twitchings subside during sleep. There is vertigo when walking in the open air. He is always chilly. On undertaking to do something he does the opposite. Vertigo and confusion of mind are mixed up.

It is a common feature for the headaches of this remedy to be associated with the spinal symptoms, the quivering and jerking. Headaches in spinal patients. Pain as though sharp ice touched the head, or as if from cold needles. That is a general; we find it in other parts. Pain in the head as if from a nail. There is some bleeding in the morning, and the blood is thick, black and will hardly drop. Coldness in the head. In the scalp there are all sorts of queer sensations; icy coldness after itching or scratching. That runs all through the body. There is itching although no eruption is visible; can't let it alone, and after scratching there is the sensation of icy coldness in the part or as if the wind was blowing on it. The head is in constant motion as in chorea.

Itching of the scalp, especially in the morning on rising. There again we have the general aggravation in the morning. There are marked eruptions on the scalp. Eczema with crusts.

Eyes. Twitching and jerking. You will observe this about the Agaricus eyes; as the patient looks at you there is a pendulum-like action of the eyes, they go back and forth all the time; they oscillate, though he tries his best to fix his look on you. This stops only during sleep; all the motions subside during sleep. A few other medicines have cured this eye symptom, *Cicuta*, *Arsenicum*, *Sulphur*, *Pulsatilla*, but Agaricus also produces and cures it. There is every conceivable kind of deception in colors and in vision. Flickering before the eyes; he reads with difficulty. Objects seem to be where they are not. Black flies before the eyes; black motes; sees things double; floating flies before eyes. Muscular weakness of the eyes. Irregularity of the motions of the eyes; pupils dilated; pupils contracted. Sensation as of a mist or cobweb before the eyes. Spasmodic twitching and jerking. The jerkings and twitchings are the most marked symptoms, as also the choreic movements about the eyes, and the deceptions in colors and figures before the eyes.

Ears. Redness, burning and itching of the ears as if they had been frostbitten. The sensation as of chilblains, the same sensations as found throughout; the same itching and tingling as of the remedy in general. Dulness of hearing. Deafness. Hearing acute. All remedies have a primary and secondary action, but this is different here. In the morning he is dumb, sluggish, stupid, tired, but when evening comes he brightens up, becomes warmed up, becomes excited, poetical and prophetic, wants to sit up late at night, is brilliant, wants to play games.

Nose. Nosebleed; profuse, fetid discharge from the nose. Agaricus will cure the most inveterate chronic catarrhs with dryness and crusts, in tubercular constitutions, so deep-seated is it. It has cured many cases of incipient phthisis. It cures old coughs and catarrhs. Red nose, as if frostbitten. It is as good as *Ledum* and *Lachesis* for the red-tipped nose in old drunkards.

Face. From what we have already seen we expect twitching of the muscles of the face, and itching and redness and burning as if frostbitten, paralytic weakness, etc., because these are gen-

eral features, and just as we expect we see these things in the text. Choreic spasms. Expression as of idiocy. Now notice this: some patients when going on with their own usual vocation are pretty smart, but if you put some new idea before them, something not in the routine of their work, they are perfectly idiotic. This is especially noticeable in the morning. He can't take in anything new in the morning, but he is able to take in new ideas and is bright in the evening, like the effect produced by tea and coffee and alcoholic beverages. This remedy is a great antidote to alcoholic beverages. In this remedy and in *Zincum* the spine is affected and both of these have aggravation from stimulants. In *Gelsemium* he is relieved by a little wine.

Agaricus has cured a good many cases of epileptiform convulsions, more commonly the hysterio-epileptic type with frothing of the mouth, opisthotonos, drawing of the muscles of the face. The Agaricus patient has spells in which a little muscle of the face or a few fibres of a muscle will quiver for a few minutes and stop, and then in another part of the face the same thing, an eyelid will quiver, and then another set of fibres, sometimes so bad as to nearly drive him crazy. Such is an Agaricus state as well as *Nux vomica*.

The teeth feel too long and are sensitive to touch. The tongue quivers, twitches, jerks and causes disorderly speech, articulates violently. Tongue dry, tremulous. Learns to speak with difficulty. Spasms of the tongue, inarticulate speech. Phagedenic ulcer on the frænum of the tongue; eats it away. Soreness of the tongue. Mercurial aphthæ in roof of mouth. Little white blisters like nursing sore mouth. Chronic sore throat. Induration of tonsils. Burning thirst, ravenous appetite. Gnawing in stomach as if from hunger, without desire for food.

Flatus; distressing belching; great tympanites; rumbling; turmoil in abdomen; offensive flatus; great gurgling; rumbling and gurgling in belly. Everything ferments; full of colic; rumbling and loud rolling; pinching colic. Horribly fetid discharge. Tympanitic condition marked in typhoid; low type of typhoid; trembling and jerking of muscles; paralytic weakness; emaciation; mental symptoms.

Morning diarrhœa, great deal of hot flatus (*Aloe*) with burning

in the rectum; soft stool, great tenesmus; urging to stool violent; involuntary straining before, during and after stool. Sensation as if rectum would burst even after stool (*Merc. and Sul.*) Violent, sudden pains; can't wait; distressing, bursting sensation. *Before* stool, cutting and pinching in abdomen; urgent tenesmus, painful straining in rectum. *During* stool, colic and passing of flatus, burning, soreness, smarting and cutting in anus; sweat, pain in loins to legs, continuing after stool. *After* stool headache relieved; biting in anus; straining in rectum; cutting pain in anus, griping in hypogastrium; distension of abdomen; heaviness in abdomen and around navel; pain in chest. Emphasize the *tenesmus after stool*. In the text in these three stages before, during and after there is no marking, but the tenesmus should be doubly marked.

Spinal symptoms. Tingling up and down the back with morning diarrhoea; trembling with weakness of the lower extremities, making it difficult to step upstairs, etc. A paresis which will continue into a paralysis of the lower extremities. May have constipation and paralytic feelings of the rectum; stool hard; straining at stool as if life depended on it and yet no stool. Beginning paralysis of lower limbs with twitching of the muscles and burning up and down the spine. In one case after straining had been given up as unsuccessful would pass a stool involuntarily. This symptom only was known in *Arg-n.* (stool and urine). Desire to urinate just as urgent as the desire for stool. Dribbling of urine. A peculiar feature of this remedy is that the urine feels cold on passing; while the urine dribbles, can count the cold drops along the urethra. "Urine passes slowly in a stream or in drops, has to press to promote the flow." "Urine watery, clear, lemon-colored, bright yellow; dark yellow and hot; red, flocculent, a powdery sediment; watery in the forenoon, in the afternoon milky, like whey, with a red or white sediment (phosphate of magnesia); iridizing on surface." Phosphates; milky urine. Oily surface, iridescent surface, greasy-like pellicle on urine, like petroleum. Scanty urine in rheumatic, gouty, hysterical subjects. Persons cold, feeble, pale, going into phthisis. Urine becomes scanty and a headache comes on. Goes many days and is constipated and headache relieved by stool.

In *Fluoric acid*, if he does not attend to the desire to urinate a headache comes on.

Transformation takes place. The milk ceases in one day, but congestion of brain or spine comes on. Metastasis, especially if milk ceases and complaints come on.

Genital organs cold and shrunken. The comparative examination of the symptoms of male and female sexual organs shows that the proving has not been extensively made on the female, but in the male there are many symptoms, which have an analogous condition in the female. In the male symptoms are worse after coition but just as marked in the female. It is a general in this remedy, common to both. Complaints after sexual excitement, debauch, etc., in the woman, fainting; in the man, weakness. The trembling and twitching or any of the *Agaricus* symptoms may be worse after coition, because the sexual functions are related to the cord. Those suffering from spinal affections have distress after this act.

In the *male*, during coition, burning in the urethra, comes from excoriation or a sense of hotness of the seminal fluid while being ejected, and hence can only be a symptom of the male. Burning in the prostate during ejaculation. Violent sexual excitement before and during, but at the time of the ejaculation the orgasm is wanting, it is a passive and pleasureless ejaculation. This occurs in men with spinal weakness, nervous men who have tingling and crawling all over. It comes in in the cure of old catarrhal discharge from the urethra, chronic gonorrhœa, gleet, after all sorts of local treatment have been used. The penis is cold and shrunken; excessively painful retraction in testes. In old gleety discharge where there is a continued itching tingling in the urethra and the last drop will remain, discharging for a long time. There are two remedies better for this than many others, *Petroleum* and *Agaricus*.

Female Sexual Organs. The routine prescriber always thinks of *Puls.*, *Sep.*, etc., for bearing-down pains, but when you come to a woman with spinal irritation, etc., with the dragging down, sensation as if the parts would drop into the world, and must wear a napkief, this medicine is the best. Those slender, nervous, restless women, with tingling and creeping must have *Agaricus*.

During menses headache, toothache, etc. All the general symptoms are worse during the menstrual period, not to any great extent before or after. Aggravation of the heart symptoms and prolapsus just at the close of the menses.

Leucorrhœa very profuse, dark, bloody, acrid, excoriating the parts. This remedy has been mentioned in relation to *Fluoric acid*. There are many points of relation. They are like each other in the leucorrhœa especially; copious and *acrid*, so acrid that it keeps the parts raw and irritated round the genitals and the patient can't walk. In *Fl. ac.* there is with the nervous symptoms, headache amel. passing the urine, or headache if urination is not immediately attended to, with copious, acrid, excoriating leucorrhœa.

It is a great medicine in *chest* troubles though seldom thought of. It has cured what seemed to be consumption. Catarrhal condition of the chest, with night sweats and history of the nervous symptoms. Violent cough in isolated attacks ending in sneezing. Convulsive cough with sweat, towards evening, with frequent pulse, expectoration of pus-like mucus worse in the mornings and when lying on the back. Add to this the symptoms of Agaricus as described, and Agaricus will take hold of that case. Cases of incipient phthisis. It closely relates to the tubercular diathesis. I remember starting out to prove *Tuberculinum* on an individual I suspected would be sensitive to it from his history and symptoms. The first dose almost killed him, and, considering the use that that substance is put in the diagnosing the disease in cattle, it seemed to stir him up. He became emaciated and looked as if he would die. I let it alone and watched and waited patiently and the symptoms of Agaricus came up and established the relationship between these two remedies and confirmed Hering's observation of the relationship of Agaricus to the tubercular diathesis. Agaricus cured him and fattened him up.

The remedy is full of nervous palpitation. Palpitation worse in the evening. On the outer chest there is tingling and creeping as in general.

The *back* has many peculiar and general guiding symptoms. Stiffness of the whole spine. Feeling as if it would break when

he attempts to bend. Feels as if something is so tight that it will break when he stoops. Tightness in the muscles of the back. Tingling deep in. Violent, shooting, burning pains. Pain along the spine, worse by stooping. Pains of all sorts in the spine. Pains go up the back and down the back. Sensitiveness of the spine to touch, especially in the back of the neck and dorsal region between the scapulæ. Sensation as if cold air were spreading along the back, like an aura epileptica. Sensation of ice touching the body. Cold spots. Chilliness over the back, crawling, creeping and formication. Numbness of the skin over the back. The most of the pains are in the back of the neck and the lumbo-sacral region. Pains in this region in connection with coition. Pain in the lumbar region and sacral region, especially during exertion, sitting, etc. Pain in the sacrum as if beaten, as if it would break. Pains below the waist line in women.

Limbs. In the limbs in general there are twitchings; they are numb, choreic; burning here and there; cold feelings in spots. paralyzed. Trembling of limbs, of hands, awkwardness of all the movements. Rheumatism and gout of joints.

Burning itching of the hands as if frozen. In the smaller joints, where the circulation is feeble, there are frostbite symptoms. Toes and fingers stiff.

Bones feel as if they would break, especially in the lower limbs. Feeling as if the tibia would break. Aching in the tibia. Growing pains in children and they must sit at the fire or the extremities will get cold. Pains in the bones. Weight in the legs.

Paralytic weakness in the lower limbs soon after becoming pregnant. This comes with every pregnancy and she must go to bed. The symptoms may lead you to Agaricus. Weight in the legs. Legs feel heavy. Trembling and jerking motion in the lower limbs.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.*

LECTURE XXII.

Part of your study should be to bring before the mind, as fully as possible, the diseases that the human race is subject to. This cannot be done to any great extent from Old School books, as they do not treat of psora, syphilis and sycosis in such a way as to bring the image of the disease before the mind, and only in a limited way the acute miasms are so brought before the mind. The diagnostic or pathognomonic symptoms are brought out for the purpose of distinguishing one disease from the other, but not with the idea of bringing the image of the disease before the mind that it may look like some remedy recorded in the *materia medica*, because that is not the allopathic physician's way of prescribing. It is important to go over the great bulk of the psoric symptoms that Hahnemann has given to obtain as perfect an image as possible of the disease psora. If we take the *Chronic Diseases* and go over them, writing out opposite every symptom that Hahnemann has mentioned as psoric all the remedies that have been found from provings to correspond to these disease symptoms, we shall have before the mind a list of the anti-psoric remedies. It is a good exercise and a good way of preparing for the study of the *materia medica*. Diseases must not be looked upon from a few symptoms that the patients may possess, but from all the symptoms that the whole human race brings out. It is just as improper to look upon psora from a few symptoms as it is to look upon a remedy from a few symptoms. Just as you see the image of a remedy from all the symptoms, in-

* Stenographically reported by Dr. S. Mary Ives.

cluding the peculiar symptoms, so psora must be considered from its characteristics, the features that constitute psora. Remedies are adjusted as to appearance; the appearances of the remedy expressed in symptoms must be adjusted to the appearances of the disease expressed in symptoms. When you have finished psora, take up sycosis, and spend much time in gathering together all the symptoms that sycotic patients have felt, all their suffering and all the ultimates. Group them as one, and look upon them as one miasm. Then go to the materia medica again and make an anamnesis. Take each symptom and place opposite it all the remedies that have produced that symptom. You can readily see that the remedies that run through the strongest will be the anti-sycotic remedies, *i. e.*, the remedies that have the essentials of the disease or the nature of sycosis in them. In the same way you can make an anamnesis of syphilis. By these means you will bring before your mind the three chronic diseases of the human race, and when this is accomplished in a general way you will be prepared to enter upon their treatment. But remember that the symptoms, when it comes to prescribing for a chronic patient, constitute the whole basis of the prescription, we have no other. We may theorize as much as we have a mind to, but when it comes to the actual application the symptoms must guide to the remedy. There are, however, a good many different ways of looking at the symptoms. It is a very easy thing to become confused over the symptoms, and fall into error by taking symptoms that are unimportant. Your study in the materia medica will illustrate how you must study disease, as the plan of studying the materia medica for the purpose of bringing the image of a remedy before the mind is the plan we must adopt in studying a disease. The physician who can only hold in his memory the symptoms of a disease or a remedy will never succeed as a homœopath. He has not taught himself to think, he has only a mass of particulars, and nothing to tie to. There is no order. It is like a mob.

Here I want to read you a note of Hahnemann's. "Should it, however, be thought sometimes necessary to have names for diseases, in order to render ourselves intelligible in a few words to the ordinary classes when speaking of a patient, let none be made

use of but such as are collective. We ought to say, for instance, that a patient has a species of chorea, a species of dropsy, a species of nervous fever, a species of ague," etc. It will lead the mind into heresy if one gets into the custom of speaking from appearances and naming diseases according to the old way. The homœopathic physician must avoid thinking that way. One who has been in the habit of thinking that way must make a great effort to keep the mind from running in that groove. Of course, it would be folly to talk to an old school physician or to a patient in any other words; and we can talk to them so, for the sake of conversing, but we must know when we speak in such a way that it is only an appearance.

This now brings us to paragraph 83, which takes up the study and examination of the patient and the qualifications necessary for comprehending the image of a disease. You have probably by this time come to the conclusion that an old school prescriber, and perhaps the majority of such as call themselves homœopaths at the present time, are perfectly incompetent to examine a patient, and therefore incompetent to examine Homœopathy, to test it, so as to say whether there is anything in it or not. They have every element of failure and no element of success. It is impossible to test Homœopathy without learning how to get the disease image so before the eye that the homœopathic remedy can be selected. What a natural thing it would be for an allopathic physician to say, "I am going to test Homœopathy. This patient has a case of vomiting, and I will give Ipecacuanha because it produces vomiting." So he gives Ipecac. and the patient keeps on vomiting. He has tested Homœopathy and it is no good! That is the way the tests are usually made. I have had physicians tell me that they have tested Homœopathy and it failed, but I know that it was not Homœopathy that failed, but the physician who failed. Whenever failure comes it is a failure of the physician and not of the law. This is about the kind of a test that is made to-day in this enlightened day and age of the world. They have neither the knowledge nor the state of mind to make a test. They do not know what to observe, or how to select a remedy. If we should look up all the remedies that have vomiting we would find a pretty good list, but to make use of that

list the mind must be prepared to see which one in it is similar to this individual patient.

“The examination of a particular case of disease with the intent of presenting it in its formal state and individuality, only demands on the part of the physician an unprejudiced mind, sound understanding, attention and fidelity in observing and tracing the image of the disease. I will content myself in the present instance with merely explaining the general principles of the course that is to be pursued, leaving it to the physician to select those which are applicable to each particular case.”

The first statement is that the physician must be of unprejudiced mind. Where are you going to find such a person? If that is essential, there is almost nobody that can examine a case for the purpose of finding a remedy for that case. An unprejudiced mind ! At the present day there is almost no such thing as an unprejudiced mind. Go out among the doctors who profess to practice homœopathy and you will find they are all full of prejudice. They will at once commence to tell you what they believe; one believes one thing and another another thing; they all have varying kinds of belief. This does not come from a question of fact, but it comes from what each man has laid down as fact. What each man wants to be so, in his view, is so. That establishes in his state of mind a prejudice, and as no two agree there are many different opinions, the majority of which must be false. Go into anything that you have a mind to and you will find man full of prejudice. This state of prejudice exists in the examination of a patient. The physician goes to the patient prejudiced as to his own theories. He has his own ideas as to what constitutes the correct method of examination, and so he does not examine the patient for the purpose of bringing out the truth, the whole truth and nothing but the truth. His prejudices lead him to snap the patient up as soon as he begins to tell his story. He will thump him all over, from head to foot, and then tell him what is the matter with him. A prescription that has no earthly relation to the constitutional state of the patient follows, but no examination has really been made. It might readily be said that the true man has no prejudices. It is certain that the true man is one freest from prejudices, one who can listen, who can examine evidence and who can meditate. What would we think of a judge who would go into a case with strong prejudice? The law pro-

vides that a judge cannot sit in judgment over his brother, or over his wife, or over his other relatives. In a homœopathic physician an unprejudiced mind can only be attained by learning all the truth and all the doctrines of Homœopathy. If the physician goes in with a prejudice for a certain potency or a certain disease, or a prejudice against certain principles he is not in a rational state, he is not in freedom with the patient and he goes into the examination in ignorance, and if he cannot free himself from prejudice he cannot prescribe. If a man has arrived at a degree of sound understanding concerning the doctrines of Homœopathy, concerning the doctrines of potentization, concerning the doctrines that relate to chronic and acute disease, concerning the materia medica, he goes into it with full freedom, with an intention to examine the case in all its length and breadth, and to listen patiently. He listens to the patient, he listens to the friends of the patient and he observes without prejudice, with wisdom and with judgment. He must go into the case without forming any judgment whatever until all the witnesses have told their tale and all the evidence is before him. Then he commences to study the whole case. That is doing it without prejudice, and for this a sound understanding is necessary, with a clear knowledge of all the things relating to the subject and to all of his duties. If an allopathic physician was to come in and listen to the long examination of a case by a homœopath he would want to know what it was all about. He does not see anything in it, because he has not a knowledge of true materia medica. The homœopath's purpose is to transfer a man's sickness to paper and so find the image of the sickness in the materia medica. The allopathic physician could not do that, he could not put the image of the sickness on canvas so that he could fit the picture to the materia medica, for he would not know one of our medicines with which to compare it. The unprejudiced mind then comes from sound understanding, and a sound understanding comes from education. The education we are now talking about is an education in homœopathy, becoming acquainted with all the doctrines step by step. After being taught how to give attention and what to give attention to fidelity is necessary. This faithfulness would never be shown by one who had not removed all his

prejudices by opening his mind to the principles and doctrines. Here we work together; we all work after the same fashion. Take every one of the students that goes through here for a year, and you will find he has the ways of the school and carries the stamp of the school. Just as the stamp of Harvard or the stamp of Yale is upon every student that comes from either of these institutions so the stamp of the Post Graduate School is upon every student that goes through its curriculum with faithfulness and earnestness.

What we are now about to consider is the plan for the faithful and careful examination of a case. It is our purpose to cure the case, and it is necessary for this purpose to bring the patient's symptoms in the very best possible way before the mind. This is a long and tedious study, and there are many difficulties in the way. Disease must be brought out in symptoms, with the end of its becoming a likeness of some remedy of the *materia medica*. All the diseases known to man have their likeness in the *materia medica*, and the physician must become so conversant with this art that he may perceive this likeness. You will find at first it is not an easy matter and that, to become expert, requires the continual application of patience. All the senses must be on the alert in order to perceive that which is similar, and most similar. Now we come to the directions to the physician for discovering and tracing-out the image of the disease.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

GRIP 1898-'99.

JULIA C. LOOS, M. D., H. M., Philadelphia, Pa.

It was with the hope of obtaining a general image of the recent grip epidemic that letters were sent to various sections of this country and those across the water asking for reports of the world's visitor as experienced in the different localities. Twenty-nine practitioners in this country and abroad were addressed, but responses came from only a limited number. The sections represented are Southwest Oregon (Reader), Emporia, Kansas (Yingling), Texas (Gorton), Waukesha, Wis. (Park), Parkersburg, W. Va. (Boger), Philadelphia, Pa. (Gladwin).

The *onset* of the malady was generally sudden, appearing from November, '98, to February, '99, in most places following cold or damp weather (or weather cold for the section). In Philadelphia the weather is reported warm and damp with cold rains preceding. In Kansas there is an exception: during the extremely cold weather, 15-20° below zero, the epidemic was less severe; it began in warm, relaxing weather and after the cold spell, when the weather was balmy and pleasant again it increased. In Waukesha, Wis., there was a greater number of cases before the cold, but those after the cold weather arrived were of severe type.

All ages were attacked, including very old people and infants even of two years of age. Two cases over eighty years old made good recoveries (S. W. Oregon).

High fever was observed as a common feature, reaching even 105° in short time in early stage. Associated with this were also

severe pains, described as aching through the whole body, wandering, or in particular regions, with sometimes neuralgia, especially in ear, face and head. *General prostration* is of varying degrees. While reported as a markedly prominent and early symptom in some localities, from Wisconsin it is reported not marked if cases are treated early. The chief *mental symptom* is restlessness, frequently with general < from motion, but there is found in some stupidity, mental torpor, dozing or "unconsciousness, not restlessness." *Chilliness* is mentioned among frequent manifestations, even continuing during the fever with desire for warmth. *Catarrhal symptoms* are manifested in nose, throat and chest, with sneezing and wheezing; in some cases none present. *Cough* is prominent; though not mentioned from Parkersburg, pneumonic conditions are; but from Waukesha we have "cough less characteristic than in former epidemics, mostly from the throat."

Cough fatiguing, < laughing, talking, using the voice, causing pain in head, chest and hypochondrium, one (Squilla) case ending in sneezing (Texas). The cases are divided into three distinct groups of symptoms corresponding to Bry., Rhus t., Gels. (see later reports), with a few miscellaneous cases (Philada).

Headache is prominent throughout, occurring with great severity, sometimes of neuralgic, sometimes congestive form, often referred to occiput and nape.

Among the less frequently mentioned features are *vertigo on rising, red face, throbbing circulation, quick pulse, disturbed sleep, backache, wheezing respiration, constipation, nausea and vomiting*. Among the rare symptoms are *rash, tingling*, especially of face. Commonly there are no *sequelæ*, patients responding promptly to well selected remedies. In many cases cough remained for some time, gradually decreasing. Pneumonia is reported sometimes as a complication. "In three cases of very feeble patients of tubercular tendencies a continually lessening cough has kept up for ten days or two weeks, but these same patients were in better condition after the siege than they were before it." A number of cases have come from other physicians, suffering with great weakness and languor, or with cough, nervous debility, etc., but so far as known no bad results have followed the carefully selected remedy. (Kansas.)

From reports received it must be concluded that death from grip is unnecessary if it is properly treated; though it is stated that there were many death under other treatment, even from two to five days' sickness, no fatalities are reported here. The common verdict is that a few days suffice to put patients on the convalescent list, the best in from twenty-four to forty-eight hours, some few cases requiring a week.

We notice that the epidemic this season was of a protean form, diversity of types was a common experience, a larger variety of remedies needed than in former epidemics of influenza.

SOUTHWEST OREGON. The genus epidemicus is *Glonoinum* and most frequently used, giving quickest relief for throbbing cephalalgia and otalgia and often the simillimum to complete the cure, sometimes preceded or followed by *Bell.* or *Amyl nit.*, *Gels.* and *Kali phos.* for the nervous prostration or tired feeling, with *Opium* for adynamic stupor. No fatalities nor even pneumonia.

READER.

EMPORIA, KANSAS. The two remedies most often used are *Lac. can.* and *Bry.* In some cases it was difficult to decide between them, and from results there may be a nearer relation between the two than commonly supposed. "In one case I gave *Lac. can.* 45m. (F.) with general relief, but for two days the case remained apathetic, some dizziness, etc., and he received *Bry.* 9m. (F.) with such marked results that he said I had given a much stronger medicine. The wife of this man was taken in about the same way, and for the purpose of determining the relation between these two remedies I gave *Bry.* 9m. (F.) with amelioration, but as she remained stationary for a couple of days I gave her *Lac. can.* 45m. (F.) and she thought she had received a much stronger medicine from the prompt relief." Besides these *Bell.*, *China ars.*, *Pyrogen* were used, and for the resulting cough *Sticta* and *Rumex*. One case of resultant nervous prostration in a school teacher, run down, worse from mental application, received *Picric acid* to good advantage. "I might say, to show that people recognize the superiority of pure Homoeopathy and appreciate it, that many families are now using the pure practice who, before, were scoffers. I think the germ theory

a humbug. The disease is not contagious but epidemic, or rather pandemic."

YINGLING.

TEXAS. *Bell.* and *Bry.* meet the majority of cases. Other remedies, *Ars.*, *Puls.*, *Rumex*, *Cham.*, *Squill.* (last two were baby cases), *Sulph.* cleared away sequelæ in old people.

GORTON.

WAUKESHA, WIS. In the early stages of the epidemic, before characteristics were clearly marked, *Bry.* was used, since then *Eup. per.* has been the only remedy, except in a few cases of children, when inflammatory symptoms, heat and sensitiveness indicated *Bell.* At the Poor Farm, six miles from the city, with from fifty to sixty inmates, there has not been a case of grip. One convalescent from grip was taken to the farm, but the rooms were fumigated with Sulphur and no cases resulted. "I think in time grip or influenza will be recognized as a contagious disease and isolated as such."

PARK.

PARKERSBURG, W. VA. *Aconite*, *Rhus.* and *Caust.* are indicated in fully ninety per cent. of cases during the stage of invasion. *Gels.*, *Eup. per.*, *Ferr. ph.* or *Verat.* required in small percentage of cases in this stage. For pneumonia symptoms, including croupous and broncho-pneumonia and bronchitis, *Ars.* and *Caust.* were principal remedies. For special symptoms and isolated cases, *Am. carb.*, *China*, *Cistus can.*, *Coccus cacti*, *Kali iod.*, *Kali phos.*, *Lachn.*, *Sang. can.*, *Stann.* Cases calling for out of the way remedies are too long to be detailed.

BOGER.

PHILA., PA. Remedies most frequently called for—*Bry.*, *Gels.*, *Rhus t.*; other remedies, *Phos.*, *Nux v.*, *Merc. s.*

From these lists it will be seen that only five remedies (*Bry.*, *Bell.*, *Eup. per.*, *Gels.*, *Rhus t.*) are quoted for more than one section among those frequently indicated, though three of these (*Bell.*, *Eup. per.*, *Gels.*) are quoted among occasional remedies in another section, while only one (*Bry.*) is quoted for use in more than three sections. For the sequelæ, *Ars.*, *Caust.*, *Pic. ac.*, *Sulph.* How absurd does such an array of remedies seem applied

to one disease in the same season, as viewed by the old school physicians, and yet with a study of one season's epidemic how much worse than foolish does it seem to homœopaths to attempt to cure all patients with the same prescription because it has been useful on some of the sick ones, when they present such different pictures as herein indicated.

CASES—TEXAS—(GORTON.)

Feb. 4, '99. Mrs. C., æt. 37. Dark, plethoric.

Sudden chill yesterday; chilly and hot alternately, then burning fever.

Bursting headache; throbbing carotids.

Red face; dilated pupils, sensitive to light.

Temperature 104°. Desire to be covered.

Sore throat, constant swallowing.

Bell. 40m. (F.), 1 d. > pains.

During night a red, smooth rash appeared with a bland coryza.

S. L.

Feb. 6th. A distressing cough < from change of temperature, < from inspiring; fatigues.

Rumex c. 2c. 1 dose promptly cured.

Feb. 20, '99. Mr. O. S. Dark haired.

"Has been taking La Grippe medicines and growing <."

Bursting pain in nape and occiput, < stooping.

Vertigo rising from lying.

Aching in limbs < motion.

Wants to lie quiet.

Thirst for a good deal at a time.

Pleuritic stitches, < inhaling deeply.

Coryza streaming from eyes and nose, profuse, bland.

Bry. 103m. (F.) No sequelæ.

Feb. 21, '99. Mr. C. A., æt. 45. Blonde, full habit.

Aching in bones; chill and heat alternately.

Burning in stomach; thirst for cold water little and often, with vomiting after drinking. Coryza, thin, ex-coriates.

Restless, won't stay in one place.

Ars. m. (F.) ' No sequelæ.

Feb. 15, '99. H. S., male, 16 years. Dark, delicate.

Has been confined to bed for week on Bry., which did not help him.

Stitches in chest, < lying on painful side.

Wants the room warm.

Aversion to greasy food. Flying pains.

Profuse, bland coryza. Cough fatigues.

Puls. 51m. (F.) Cured promptly.

Feb. 1, '99. Mrs. J. H. B. Brunette, full habit.

Walking against mild, south wind; sudden hoarseness; in an hour complete aphonia.

Throat sore; swallowing constant; respiration oppressed, could not lie down; fever and chilliness without thirst (an old condition often occurring in Jan. or Feb. in this or in northern climate).

Ars. cm. 1d. gave instantaneous relief of chest and throat with improved voice.

Condition < on going into snow storm next A. M.

Pleuritic stitches which Bry. did not relieve.

Chilliness, fever, bodily aching, could not lie on painful side.

Eyes streaming, coryza bland, preceded by agonizing tingling in face and nasal passages.

Dry, racking, spasmodic stomach cough, convulsive efforts from below ribs, most fatiguing, < trying to speak, < 5 to 9 or 10 p. m., not so bad in bed.

Rumex 45m. (3 d.). Cured.

CASES—PHILADELPHIA, PA.—(GLADWIN.)

Mrs. O., age 50. Slender, dark.

Headache indescribable, so severe.

< motion, noise, light

> binding handkerchief tightly about it.

Chest, stitching pains on coughing, tightness.

Fever with chilliness on motion.

Aches and pains < on motion.

Hoarseness < after talking.

Weakness.

Bry. cm. One dose cured.

Oct. 9. Noon. Mr. S., age 45. Short, stout, dark.

Has been ill for six days, steadily growing worse. The allopath in charge diagnosed broncho-pneumonia, said he had done all in his power and the family might call in another physician "if they wished."

The case seemed to me simple grip, distorted by the diabolical stifling stuff steeping on the stove and morphine.

Cough: hard, racking, during which he held his head with one hand and chest with the other, though was too stupid to tell why he did it; ended with choking and gagging; face became very red; frequent, if anything < at night.

Respiration: rapid, short, wheezing, "could not breathe deep enough."

Dicharge from nose thick, white.

Great weakness.

S. L. Stupid.

And ordered everything medicinal that he had been using out of the room.

Oct. 9. Evening. Complains of pain in head on coughing.

Pains under short ribs on coughing.

Not so stupid.

Bry. 20 m.

Oct. 10. Cough >.

Breathes >.

Aches and pains which he had at beginning of sickness returning.

Oct. 12. 11 A. M. Improvement continued until 2 A. M., when cough began; constant ever since.

Cough: hard, racking, constant, with pains in head, chest and abdomen.

Face: red, swollen, as though cough would force blood through.

Respiration: short, rapid.

Bry. cm. Exhausted, is sure he could not stand it much longer.
Cough was > in a few minutes after *Bry.*, and patient
was asleep before I had finished preparing the powder
to leave.

Improvement continued until cured.

Mrs. M.; age, 44. Tall, slim; brown hair; gray eyes.
Headache, pains severe all over head; < lying down.
Neuralgia in face.
Face flushed, besotted expression.
Stupid, dull of comprehension.
Pain up back and in nape.
Watery discharge from nose.
Sneezing several times in succession.
Throat sore.
Burning post-nares.
Cough with pains in chest.
Soreness in abdominal wall.
Weakness.
Chilliness.

Gels. cm. Cured.

Mrs. C.; age, 55. Large, tall; brown hair; gray eyes.
High fever.
Aches and pains everywhere; < night.
Can't keep still; > after moving, but soon is just as bad
and must move again.
Discharge from nose profuse, yellow.
Cough < night, with pain in chest.
Chilliness before fever came on.

Rhus cm. Cured.

Mr. H.; age, 38. Tall, slim; chestnut hair; blue eyes.
Aches all over; < night.
Chilliness.
Discharge from nose watery.
Shooting pain, r. eye to ear.
Throat sore, r. side.

Restless night, can't keep still.

Diarrhœa began 10:30 P. M.

Stool watery.

Great straining even after stool.

Sensation as though more feces would be voided if he still remained at stool, no matter how long he remains.

Pain in abdomen before stool.

Weakness.

Merc. sol. 6 m. Cured.

Now that this brief stretch has been made it would be of great interest to hear from other readers of the JOURNAL OF HOMŒOPATHICS that the image be more clearly exposed; that these points be verified, and other general or particular features be added.

EPIDEMIC REMEDY FOR LA GRIPPE.

ATTLEBORO, MASS., Jan. 27, 1899.

JOURNAL OF HOMŒOPATHICS:

The remedy which in this section comes the nearest to the epidemic gripe remedy is *Eupatorium perf.* It has the occipital and frontal pain, dry throat and mouth, and general bone pains with nausea. But it proves most specific, when added to the above symtoms, in cough which makes the patient support the chest with the hands.

I have recently had one case of gripe, which I was called to on the sixth day, where the general bone pains were intense, but the disease had been so masked by somebody's drugging that only one other symptom was present, namely, "Pain shooting from small of back to stomach." *Nux v. 30* cured.

W. W. GLEASON, M. D.

Back numbers. Thirty-nine lectures on Materia Medica and twenty-two lectures on Homœopathics have now appeared in the JOURNAL. These will form quite a text book for students and recent graduates. Back numbers from Vol. I., to No. 1, can be supplied. New subscribers taking the back numbers will get the reduced rate of \$5.00 for the three years.

MATERIA MEDICA NOTES.

By E. W. BERRIDGE, M. D., London, England.

(1) "Cheyne-Stokes respiration belongs to *Bell.*, *Carbo veg.*, *Carbon ox.*, *Cocaine*, *Opium*, (*Sulph.*). (*Sulph. ac.*). I wrote a paper thereon in the *Homœopathic World*, September, 1892, containing all I had been able to collect thereon. In the case of *Belladonna* and *Cocaine* the symptom is pathogenetic, and I have cured it with *Belladonna*. *Opium*, *Sulphur* and *Sulph. ac.*, are clinical only; and the latter require further confirmation before they could be accepted as absolutely reliable. In addition to my remarks in the *Homœopathic World*, I can now add *Carboneum oxygenisatum* (see symptom 184 in Allen's *Encyclopædia*), and *Carbo veg.*, on the authority of Dr. Cranch in the *Homœopathic Physician*, Vol. 8, p. 228, and a clinical case reported by Dr. T. H. Clarke, I think in the *Homœopathic World*. From a case quoted in *Homœopathic Physician*, Vol. 8, pp. 596-7, we find that *Cocaine* has produced some peculiar sexual symptoms; amongst others, "sensation as if the penis were absent." "Sensation as if parts were absent," should be collected into one rubric among "generalities."

(2) In my Repertory I had added from some clinical source, "pain in left side of face, worse by lying on left side: *Arnica*." This symptom I have recently cured with *Arnica*, thus proving its reliability.

(3) A colleague wrote to me for advice in a case of constipation which had lasted 50 years, ever since patient was seven. She had consulted nearly every one in Liverpool, mongrels as well as allopaths, but without relief. Her more recent symptoms were these: Sinking from 11 a. m. to noon, better by taking cocoa. Pain about umbilicus, which feels as if drawn to the back; worse before passing blood from bowels, better afterwards. Cannot sleep; thinks of what she has to do next day, or about household matters generally; does not get to sleep early, and does not sleep enough. Cannot see to read or sew, as when she tries to do so, the eyes feel as if taken hold of and pulled outward, with pain in

forehead as if from eyes, and throbbing in temple. Has had these eye symptoms for two or three years; but the sinking for twice as long.

In my *Eye Repertory* (p. 26) I registered the *Lachesis* symptoms, "pain as if taken out, squeezed, and put back." This is a clinical symptom recorded in *Guiding Symptoms*. I sent my colleague Fincke's nine-millionth potency of *Lachesis*, of which he gave his patient a dose morning and evening, commencing June 18th. On June 28th she said she felt much better since taking the remedy; the eye symptoms and the umbilical pain had gone; the sinking feeling was less; sleep decidedly better, and the enemata now acted with less pain and effort. But she said that after *every* dose of the medicine she had a very severe indescribable pain in abdomen above umbilicus; also a well-marked faintness, so that she was compelled to throw open the windows and doors or she would actually faint away. The medicine was then stopped, and the improvement continued. The final result with regard to the constipation I do not know.

(4) Mr. S. had iritis of left eye; the pain wakes him about 4.30 a. m. The pain is better by lying on the painful side, and by lying on his face with the forehead resting on the arm. Cured by *Zincum* in a high potency. The relief to pain in eye from lying on the painful side I have several times verified as a reliable symptom of *Zinc*.

(5) A boy, seven years old. For two months or more, about five minutes after lying down in bed, desires to relieve bowels, but passes nothing but wind, after which the desire ceases. This generally occurs on alternate evenings. *Anacardium Orientale* cm. (F. C.), one dose, cured promptly. Five or six months later, the symptoms returned, before and after going to bed. Also for nine days has had a pain in front of left upper thigh; it hurts him when bending hip in bathing, so that he keeps hip-joint as fixed as possible, and walks lame. The part is tender to touch, and he is very cross if his leg is touched. Another dose of the same remedy was given. He improved next day, and was soon cured. Two years later there had been no return of symptoms.

Erratum. Vol. II., page 454, line 22, for "breaking" read "beating."

DEATH FROM TUBERCULIN.

W. W. GLEASON, M. D., Attleboro, Mass.

Howard L., 28 years of age, a resident of this town, was indisposed in the fall of 1898, troubled with hoarseness and gastric ailments. A neighboring physician was called who had attended the young man's family for many years. This physician commenced in September, 1898, to inject Tuberculin (Koch's), and up to December had injected this toxin twice a week for several weeks, and then once in two weeks the remainder of the time. What was the result? At the time of the commencement of this treatment Mr. L. could work and eat comfortably, soon his stomach rebelled against food and the bowels became constipated, his hoarseness increased and distressing suffocative spells set in every forenoon lasting an hour or so; he would then be able to breathe well the rest of the day. In January, 1899, I was summoned hastily in the night and found him laboring for breath, the noise of his breathing audible from the street. His first words were: "My God, help me; relieve me, Doctor, or I shall die." His expectoration, which was scanty, was dark green, lumpy, tubercular matter. Examination of the throat revealed a larynx full of tubercular nodes. I saw that his end was near, and told his parents with whom he lived I would rather they would call their family physician. But as they insisted upon my keeping the case I prepared him some medicine which relieved him, but the next morning he was again worse, and from that time on he was in agony from efforts to get breath. To relieve him intubation (through the mouth) was resorted to, but he could not keep the tube in. He died that afternoon, his great agony being relieved only by resort to chloroform applied locally. This man had been wild in his youth, had had gonorrhœa several times, and came of tubercular stock. I asked him if he had told his former physician these things and he said he had. This case is typical as far as the use of tuberculin by injection is concerned, of a score I could mention who have died under the hypodermic use of tuberculin in this vicinity the past two years.

KARL GOTTLÖB FRANZ.

Karl Gottlob Franz was born May 8, 1795, in Plauen in the Royal Saxon Voigtland, where his father was a well-to-do citizen and baker. After attending the high school here and being fully prepared for college he went, in the year 1814, to the University of Leipsic, to devote himself, according to the wishes of his parents, to the study of theology, but soon following his own internal impulse, exchanged this for the study of medicine. In Leipsic he attended the lectures of the most celebrated teachers in this department and acquired a thorough knowledge of allopathic medicine. From his childhood, owing to a wrongly-treated cutaneous eruption, he had suffered considerably from various chronic ailments and he found himself compelled in Leipsic to seek medical help. He was induced by another medical student to apply to Hahnemann, who was then living in Leipsic and lecturing on Homœopathy.

This meeting decided the future scientific direction of Franz, for as he was indebted for the restoration of his health, then very much shattered, to the medical treatment of Hahnemann, his conversations and communications concerning medicines, and especially concerning Homœopathy, induced him to give his particular attention to the latter. After having convinced himself theoretically and practically of the reality and worth of Homœopathy Franz became its zealous friend and follower. As such he joined himself closely and trustingly to Hahnemann and the little troop who shared his views, and he especially enriched our knowledge of remedial agents with many and important symptoms which were the results of accurate and conscientious provings, which he undertook with much intelligence, exactness and with considerable self-sacrifice. The *Materia Medica Pura* of Hahnemann and the *Archiv für die hom. Heilkunst* give weighty testimony to these meritorious efforts.

By his fellow students, who did not know Homœopathy, he was shunned, mocked and was also distressed in many other ways under the pretext of medical trials. His stock of medicines was repeatedly sealed up and confiscated and he himself, on account

of unauthorized cures, as they were called, was subjected to considerable fines. In 1825, after receiving a medical diploma, he accepted an invitation to Vienna from the Countess von Trantmannsdorf, who wished to have a homœopathic physician near her. He remained in this relation for nine months and then returned to Leipsic, where he devoted himself with zeal and success to his homœopathic practice, so that a happy future seemed to open before him, recompensing him for his many trials. Unfortunately, however, the germs of the chronic malady, which had been latent since his youth, developed anew, causing most painful and destructive ailments of the liver, bladder and lungs. His long-continued and severe bodily sufferings operated to check his literary and practical activity, so that during the last years he could only practice but little, and still less could he communicate from the rich treasure of his experiences to the art which he was so entirely devoted. Nevertheless, his best efforts and wishes were devoted to Homœopathy up till his death, on November 8th, 1835. His memory will ever be dear to those who were closely acquainted with him and to all friends of genuine Homœopathy.

STAPP.

Lohrbächer says: Of the other disciples Franz was a person of some importance. He was a man of rare gifts, as shown by his drug provings, which are distinguished by their delicate and acute observation, as well as by their preciseness. They are an ornament to our *Materia Medica*. Being a good botanist he it was who collected the indigenous plants from which tinctures were prepared. He acted for many years as Hahnemann's amanuensis, and he performed with diligence and perseverance the very tedious mechanical labor of arranging the symptoms contributed by various provers into the schema invented by Hahnemann. He was a great favorite with Hahnemann, as also with his fellow-workers, whose heart he gained by his mild and thoughtful nature.

Rapon says: The labors of Franz exercised an important influence in perfecting our doctrines. He was an exact observer, a stranger to theoretic discussions, devoting his time to studies of the *Materia Medica*, and experimentation on the remedies. I saw him in 1832. He was then a man already worn out by experi-

menting with poisonous substances; his delicate organization had received severe injury. He weakened little by little during our stay in Leipsic and we departed regretting that we were no longer able to profit by the treasures of his knowledge of drugs.
—[*Extracted from Bradford's Pioneers of Homœopathy.*]

DR. KENT'S COMPLETE REPERTORY TO THE HOMŒOPATHIC MATERIA MEDICA.

(Reviewed by E. W. BERRIDGE, M. D.)

Ovidius concludes his *Metamorphoses* thus:

*"Jamque opus exegi, quod nec Jovis ira nec ignes,
Nec poterit ferrum, nec edax abolere vetustas,"*

and Horatius commences one of his odes (*Carmina* III. 30),

"Exegi monumentum ære perennius;"

and though modesty may prevent Dr. Kent from making the same claims for his Repertory, yet most assuredly this will be the verdict of posterity.

I well remember how, when I commenced the practice of Hahmannian Homœopathy in 1868, I felt the need of such a work. I had the German Repertories of Bœnninghausen and Jahr and the Cypher Repertory of the Hahnemann Publishing Society; but the latter was extremely imperfect and the two former of necessity not up to date. I remember how I welcomed every new monograph, such as Simmons' Cough Repertory and Bell on Diarrhœa. Yet the great desideratum was a complete Repertory to the entire Materia Medica; and so, as there seemed no hope of its speedy appearance, I commenced one myself, the Eye chapter of which alone has been published.

Not only is such a work indispensable in order to select the *simillimum*, but to save time in prescribing, for the toil of examining half a dozen books in order to ascertain all the remedies producing any particular symptom can only be realized by those who have experienced it. Now, at last, the work is done, and if this new Repertory is not absolutely perfect it is because Dr. Kent is but one man, and because he has only been engaged in its com-

pilation for twelve years, whereas an absolutely perfect Repertory demands the associated labor of several lives. Yet even this may eventually be attained in subsequent editions if all Hahnemannian physicians will do their whole duty.

The plan of this work is both simple and complete. In the first place Dr. Kent has avoided what our glorious Hering used to call the alphabetical *dis-order*, by means of which we have to look for "Brain" at the beginning of the volume and "Vertex" at the end of it. The chief sections are on the well-known anatomical arrangement, Mind, Head, Eyes, etc., etc. Then within each great section the rubrics are arranged alphabetically, each symptom being followed by its varieties, its conditions, and its concomitants. One striking feature of the work is the great rubric "Pain." In the Head section, for instance, we find the principal remedies referring to headache (it would, of course, be useless to quote every remedy in the *Materia Medica*), and these are followed by the conditions, etc., etc., of headache generally. Afterwards, we find the subdivisions of the Head (Forehead, Vertex, etc.) arranged in the same way; and, lastly, the varieties of pain, "Burning," "Drawing," etc., etc. This section, therefore, comprises all that was printed in Lee's excellent Repertory of Characteristics, and in addition is worked out still more minutely, besides being brought up to date.

Dr. Kent has also simplified our labor by his classification of synonymous symptoms under one rubric. It is very tedious to be compelled to refer to "Sadness" for one list of symptoms, to "Mental Depression" for another, and to "Melancholy" for a third. And once when I found one list of remedies under "Menses" and another list under "Catamenia," I felt like asking the assistance of the man of whom the Psalmist said: "He clothed himself with cursing as with a garment," by which he doubtless meant to express that the man had a *habit* of swearing! Dr. Kent has executed this portion of his work with great discrimination. It is, of course, open to discussion whether this condensation might not have been more thoroughly carried out; I think, myself, that "Groaning" is practically the same as "Moaning;" "Mania" the same as "Insanity;" and, after the child's definition of Memory as "what we forget with," it might have been

united with "Forgetfulness." However, it is well to be on the safe side, and in all cases of partial synonyms Dr. Kent has given cross-references to the others.

A *vexata quæstio* has always been the use of clinical symptoms. Following the example of Boëninghausen, and therefore of Hahnemann, who said that he preferred Boëninghausen's repertories to all others, Dr. Kent has incorporated all clinical symptoms that have been thoroughly verified. Here, again, he has endeavored to remain on the safe side, by refusing to admit even his own clinical experience until confirmed by other cases. It is obvious that much valuable material may be added to future editions if physicians will publish their cured symptoms.

Again, following the example of Hahnemann and Boëninghausen, Dr. Kent has adopted three kinds of type for the names of the remedies; if, in any subsequent edition, all clinical symptoms resting on only one observation were added enclosed in brackets very many of them would be speedily confirmed and the brackets could be struck out.

The printing of the work leaves nothing to be desired; the type is clear and legible, and the paper good. The work is a marvel of cheapness, only thirty dollars for a quarto volume of 1,350 pages; this has been accomplished by three methods; a subscription list, by which a certain amount of money was guaranteed; the publication of the work by the author himself, thereby saving trade commissions; and, lastly, by sending each fascicle only on receipt of price, thereby avoiding bad debts. The work has exceeded the estimated number of pages, so that for a time Dr. Kent must be out of pocket; but instead of raising the price to non-subscribers, he has generously kept the work at the same price. Moreover, anyone can purchase any fascicle for its price, and when thirty dollars have been paid he will receive the remainder of the work gratis. This is a liberal offer which no physician or even student should miss; his first dollar should, of course, be expended in the purchase of Hahnemann's *Organon*; but next to this work, he should purchase the first fascicle on "Mind," and then the second on "Head;" these he will always find of use, and he can follow them with whatever fascicles he feels he will need most.

If there be any physician who cannot use this Repertory, I offer him my pity, not altogether unmixed with contempt; if there be any who does not need it, the sooner he becomes an angel the better; such stupendous knowledge is altogether too great for this world.

Should any physician find symptoms omitted, or the list of remedies differing from those in other repertories, let him remember that some of these repertories abound in unacknowledged printer's errors; all that have been discovered, as well as errors in certain books on *materia medica*, have been corrected in Dr. Kent's Repertory, though it is of course possible that some few still remain undetected.

PHILADELPHIA POST-GRADUATE SCHOOL OF HOMŒOPATHICS COMMENCEMENT.

The commencement exercises of the class of '99 were held April 20th in the *Materia Medica* Lecture Room. After the opening prayer, by Rev. Homer Synnestvedt, of Huntingdon Valley, Pa., the Dean, Prof. Kent, made his report. The degree of *Master of Homœopathics* was conferred by Theo. P. Matthews, Attorney-at-law, in the name of the Board, upon the following physicians: Drs. Clyde Edwin Barton, Germantown, Pa.; Alice Haley Bassett, Boston, Mass.; Harvey Farrington, Philadelphia, Pa., Carrie E. Newton, Fayville, Mass., and Josephine Phelps, Germantown, Pa. The oration upon the occasion was delivered by Mr. Matthews and the valedictory address by Dr. Barton, both of which were highly appreciated. Mr. Matthews' address embraced a historical review of *theoretical* medicine from the earliest times up till the present, and presented a graphic contrast in the solidity of Homœopathy.

PERSONALS.

Mr. and Mrs. J. Edward Addicks have given the Philadelphia Post Graduate School \$10,000 toward a new building, to the end that true Homœopathy may secure a better footing in America.

Dr. W. E. Bell has removed from Viola, Wis., to Richland Center, Richland Co., Wis.

DR. KENT'S REPERTORY is now completed, the twelfth (and last) fascicle being now ready for delivery.

BOOKS FOR REVIEW.

PRACTICE OF MEDICINE. By H. R. Arndt, M. D. Boericke & Tafel, 1899. Pages, 1331. Price, \$8.00.

The letter press, paper and binding are such as have long characterized the works of this well-known publishing house.

The work is full and complete as to the subject treated. It is a condensed treatise and well suited as a reference book for the man in active practice who is too busy to consult more elaborate special works. It is equally useful for the young man who must of necessity confine his practice library to one volume. While this work is complete in etiology, pathology, symptomatology, it also deals with treatment. It is almost well enough known not to be mentioned that all homœopathic physicians go to the *Materia Medica* direct for treatment. Therefore, a full therapeutics should not be expected in a work of this kind. It is a valuable book.

TRANSACTIONS of the Homœopathic Medical Society of the State of New York for the year 1898. Vol. xxxiii. There are some valuable papers in this volume. It is well edited and shows much enterprise.

TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. 1898. Edited by Eugene H. Porter, the General Secretary.

This volume is synoptical in most of its reports, and hence is much smaller than the usual "Transactions" of the American Institute. While there is much interesting reading in it on most subjects, the subjects, *Materia Medica* and homœopathic principles, are much neglected. It seems astonishing that this numerically great society should desire to continue the title "Institute of Homœopathy" and have so little to do with Homœopathy. We are reminded of the story told of an eminent clergyman who solicited from a godless man, somewhat under the influence of ardent spirits, a contribution for his church. "Well," says the wretch,

"since you don't meddle much with politics nor religion I think I will give you something."

The "Transactions" as a work of medicine is full of information but it does not meddle much with Homœopathy. This seems to make the "Institute" a very attractive body. It is large and respectable, but let no sick man apply for aid as the members have all gone out of the business.

SECRET NOSTRUMS AND SYSTEMS OF MEDICINES: A BOOK OF FORMULAS. Compiled by Charles W. Oleson, M. D. Published by Oleson & Co., Chicago, Ill. Price, \$2.00

This little book will be useful to the homœopathic physician when a patient has been taking one of the many secret nostrums now in the market, and comes in for homœopathic advice. It can be consulted and the formula found and a remedy suitable for the symptom selected with some respect to the drugs taken previously. It is sometimes very desirable to know the drugs a patient has been treating himself with. This will point out the use for such a book.

WANTED.

A set of *Guiding Symptoms*. State condition and price.

There is not the slightest reason why we, the conscientious and faithful followers of the original doctrines of our great teacher, should be persecuted on that account with derision and scorn and should be requested to side with the schismatics before they have demonstrated and substantiated the superiority of their wisdom. We have as perfect a right to show the weak points of our antagonists as they have to attack us; we have a right to demand facts in the place of bold assertions and not to take any notice of insulting jests or impertinent personalities as long as they are offered in the place of argument. On the other hand, we shall never shun an open and manly fight for truth, for it always triumphs against opponents and we know that it is on our side. May the champions of the true homœopathic art never forget the motto of our old master: "Aude sapere."—*Bænninghausen*.



DR. GUSTAV WILHELM GROSS.

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DEPARTMENT OF MATERIA MEDICA.

ARGENTUM NITRICUM.

Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.*

We shall find by examining the symptoms of this remedy that the intellectual feature predominates, as in the metal; that the affections are disturbed only in a limited way. There is a predominance of mental symptoms. First of all, disturbance in the memory, disturbance in his means of reasoning, in his rational powers; he becomes most irrational in his explanations of his actions and methods. He is irrational and does strange and irrational things and comes to strange conclusions; does foolish things. He has all sorts of imaginations, illusions, hallucinations. He is tormented in his mind by the inflowing of all sorts of troublesome thoughts, and especially at night his thoughts torment him to the extent that he is extremely anxious, and this puts him in a hurry and in a fidget and he goes out and walks and walks, and the faster he walks the faster he thinks he must walk, and he walks till fatigued. Strange notions and ideas and fears come into his mind. He has an impulse that he is going to have a fit when there is no such thing, or that he is going to have a sickness. A strange thought comes into his mind that if he goes past a certain corner of the street he will create a sensation, will fall down and have a fit, and to avoid that he will go clear

*Stenographically reported by Dr. S. Mary Ives.

around the block; he avoids going past that corner for fear he will do something strange. He is so reduced in his mental state and in his nervous disorder that he admits into the mind and brain all sorts of impulses. There is inflowing of strange thoughts into his mind, and when crossing a bridge or high place the thought that he might kill himself, or that perhaps he might jump off, or what if he should jump off, and sometimes the actual impulse comes to jump off the bridge into the water. When looking out of a window the thought comes to his mind what an awful thing it would be to jump out of the window, and sometimes the impulse comes to actually jump out of the window. We do not have the loathing of life to the extent of *Aurum* and certain other remedies, and the longing to die and aversion to life, but the fear of death, the over-anxious state, that death is near, and often at times like *Aconite* he predicts the moment he will die; upon such a day and at such a time he predicts that he is going to die. Looking forward to times he is anxious. When looking forward to something that he is about to do, or that he has promised to do, or in the expectation of things, he is anxious. When about to meet an engagement he is anxious until the time comes. If he is about to take a railroad journey for a long distance he is anxious, full of fears and anxiety and tremulous nervousness until he is on the car going and then it passes away. If he is about to meet a certain person on the street corner he is anxious and in a turmoil and breaks out often in a sweat from the anxiety until it is over with. Not only is this particular symptom present, but the symptoms come on as a result of his anxiety and confusion of mind. He is excitable, angers easily, and as a result of this pain comes. When he becomes angry he becomes vehement and pain in the head comes on; cough, pain in the chest and weakness follow this anger. The anxiety that he has from these circumstances will bring on complaints. Complaints each time with this state of anxiety, each time with this anger. This patient has coming out certain features that he is subject to at such times. When he is going anywhere, going to a wedding, or to the opera, or any unusual event, a thing not usually done, it is attended with anxiety, fear and diarrhoea. So it is we have

in this a wonderfully queer medicine. It says in the text that he gave all sorts of queer reasons for his strange conduct, endeavoring to cover up, as it were, his foolishness which he himself realizes. Sadness and melancholy and of course confusion. Defective memory.

Constitutional headaches from brain fag, from exertion of the mind. In such mental exhaustion, headaches, nervous excitement and trembling, and organic troubles of the heart and liver in business men, in students, in brain workers, in those subject to long excitement, in actors who have kept up a long time the excitement of appearing well in public. This state of mind progresses until there is a general bodily state of weakness, with trembling, paralysis, numbness, disturbed functions, palpitation, throbbing all over the body, with the mental state, in the beginning of it, and this nervous state. The nervous state continues until there is disorder of all the organs of the body. The stomach refuses to digest, everything taken seems to go into wind, and he bloats with flatus, and becomes distended and painful. The circulation seems to be greatly disturbed in addition to the palpitation. Fulness of the blood vessels and throbbing all over the body. The blood vessels become diseased. Atheromatous degeneration and dilatation of the veins, varicose veins. Upon the mucous membranes and skin ulceration, and this progresses and the heart becomes increasingly feeble, and the extremities become cold and blue and the lips are cold and blue, with aggravation of all these complaints from mental excitement, from going to the opera, from meeting a friend, from keeping an engagement. The medicine is pre-eminently a nervous medicine, full of spinal symptoms, rending tearing pains down the extremities; such pains as are found in locomotor ataxia, fulgurating, lightning-like, shooting pains. There is one grand feature running through the whole nature of this patient modifying most of his symptoms, with few exceptions, and that is that he is like a *Pulsatilla* patient; he wants cold air, cold drinks, cold things; he wants ice, ice cream; wants the head in the cold air; suffocates in a warm room. He suffocates from warm clothing, wants the doors and windows open; cannot breathe in a stuffy room, suffocates if other people are in the

room; cannot go to church or to the opera, cannot go to places of amusement or gatherings, must stay at home. He dreads a crowd, dreads certain places.

Full of ulceration, *i. e.*, upon the mucous membranes. Let me talk that up a little more. Everywhere you find ulceration, but particularly upon the mucous membrane. The throat has ulcers in it: ulceration of the eyelids, and of the mucous membrane covering the globe; ulceration of the bladder; the pelvis of the kidney has been found to be ulcerated. Ulcers of the uterus, the os, of the vagina and of the external soft parts. This tendency to ulcerate seems rather strange, peculiar that it should have in its pathogenesis such a tendency, when all the scoundrels have been using it to cauterize ulcers, and yet it heals them up. It is strange that they should have made use of such caustics to heal up ulcers. We know that *Phosphorus* will burn and it intensifies the tendency to ulcerate, makes the ulcer go deeper, while *Argentum nitricum* sets it healing. It has the tendency to ulceration in its very nature. Upon mucous membranes we find red elevations, granulations, enlargement of vessels, purplish aspect. Sensitiveness with these ulcers. The complaints in women come up in connection with the menstrual period *before* and *during*. It is a favorable time for all of her complaints to be aggravated; if she have *Argentum nitricum* symptoms they are likely to be at their worst at this time. She suffers from most violent dysmenorrhœa, from all sorts of nervous excitement, from hysterical manifestations, and an unusually increased flow. A tendency to hæmorrhage belongs to this remedy. The ulcers bleed: there is bleeding from the nose, bleeding from the chest, the urine is bloody; leucorrhœa copious, menstrual flow copious; menorrhagia; bleeding from the mucous membranes generally, from the uterus. Vomiting of blood. It has cured prolonged and most inveterate ulceration of the stomach, when there has been vomiting of blood.

The aggravation at the menstrual period is something astonishing. I have seen this aggravation in the *Argentum nitricum* case so violent that you would not be able to see the *Argentum nitricum* state at any other time. The palpitation, the trembling, the coldness of the surface though desiring cold open air, blueness

of the lips, coldness of the extremities, blueness and coldness of the lower extremities to the kness and of the hands and arms to the elbows, and yet the patient wants cool things, wants something cold. This may not be seen at any other time. Here is a striking feature. "Patient cannot lie on the *right* side because it brings on so much palpitation." We have plenty of remedies with palpitation worse from lying on the left side, but remedies with palpitation worse lying on the right side will puzzle you. It is uncommon, strange, rare and peculiar. It is such a strong feature in this remedy that to a great extent it becomes quite general, because it is a *heart* symptom and is intermingled with the general symptoms. With this sensitiveness he is compelled to get into some other position: must get up and walk, because of lying on the right side. The patient will say he throbs from head to foot while lying on the right side: he throbs all over, a general pulsation when lying on the right side. Do not forget in this medicine all these general things when we come to apply them in their particulars and the particulars in the generals. Do not forget that this medicine is one of the most *flatulent* medicines in all the books. He is distended to bursting; gets scarcely any relief from passing flatus or eructations. He is like a drum.

He is possessed with the distressing idea that all his undertakings will and must fail. When walking he becomes faint with anxiety which makes him walk faster. Everywhere you will find the intellectual symptoms predominant.

The headaches are of a congestive character; considerable throbbing, ameliorated by cold and tight bandaging. Wants a bandage as tight as it can be tied around the head. Headache from mental exertion, from excitement, with vertigo, nausea and vomiting. Pains in the right side of the head, jagging, cutting, stitching, pulsation. Head feels much enlarged.

Now the eye symptoms are too numerous to mention. They are of a general character such as we find in catarrhal conditions, with ulceration, relieved by cold. All of the eye symptoms are worse in a warm room, worse from sitting by the fire. Wants cold applications, cold washing. Intense photophobia; aversion to the light, and this is worse in a warm room; wants it cold, wants it dark. There is so much swelling and tumefaction of the

blood vessels of the eye, and redness, that it has a raw denuded excoriated appearance. "Chemosis with strangulated vessels," etc. "Cornea opaque," etc. "Ulceration of cornea in new born infants: profuse purulent discharge from the lids," and this is what the old rascals in former days and almost up to date have been using for the eyes, treating them with *Argentum nitricum*. Photophobia: after long looking at fine sewing, fine print. Worse in a warm room. In one who has suddenly taken on far sightedness, it has come on as a congestive condition; not of old age but something that should be cured. All at once he cannot see print at the usual distance but must hold it away off; if it occurs in some one twenty-five years of age or in a child. At close distance it is indistinguishable. Such a disturbance of accommodation producing far sightedness it has caused and cured. "Oedema of lids," etc.

Oedema is a word which runs through the remedy. That is to say, it has a dropsical state wherever dropsy may occur.

The face is the next place we find particulars worthy of note. "Face: sweat stood in drops on his face." "Face sunken, pale, bluish." "Looks prematurely old." "Face blue, heavy breathing, pulseless."

Then come the throat symptoms. Another feature of this medicine is its general tendency to produce warts everywhere. There is a tendency to favor the growth of warts and in the throat there are little wart-like growths; polypoid growths in the throat and about the genitals and anus; hence its great use in sycotic constitutions. It has all the discharge necessary to its use in the sycotic constitution.

"Felt as if he had a stick in the throat when swallowing." At once you will see its close relation to *Hepar*. In inflammatory conditions of the throat with ulceration. In *Argentum nitricum* he wants to be in a cold room, wants cold air, and to swallow cold things. In *Hepar* he wants warm things to drink, warm clothing, warm room, and cannot put even his head out of bed or his throat will begin paining him. Things, you see, just exactly opposite but they both have sticks in the throat. In dry chronic catarrh *Alumina* and *Natrum muriaticum* have sticks in the throat: but in red throat with tumefaction and pain these two remedies give no

relief, the former two are better. Sticks in the throat like fish-bones. *Nitric acid*, *Hepar* and *Argentum nitricum* are the most striking remedies for the fish-bone sensation. Many remedies have sticking in the throat, but these are the most prominent: feel as if he had swallowed a fish-bone and it had stuck in the throat. Now we know how the rascals have all used *Argentum nitricum* for ulceration in the throat, and here it comes in as one of the most useful remedies in congestion of the throat of long standing. Catarrhs with loss of voice. Warty growths, condylomata, etc. Loss of voice, tumefaction of the mucous membrane round about the vocal cords and paresis of the vocal cords.

"Loss of appetite" and refuses drink. This is another feature. Stomach desires sugar. He feels that he must have it and it makes him sick, brings on eructations, increased flatulence, sour stomach. He cannot digest it; it acts like a physic and brings on a diarrhoea. So marked is the aggravation from sugar that the nursing infant will get a green diarrhoea if the mother eats candy. Then is it astonishing that the baby can get a dynamized dose from the mother, when the dynamized dose can travel like lightning, and sugar takes all day to be digested and dynamized and fed as poison to the baby. I remember a case that I figured and figured on. The baby had *Mercurial* stools, sure enough, they were grass green. Well *Chamomilla* has grass green stools and *Arsenicum* and *Mercurius* and lots of remedies have grass green stools. Routinist that I was in those days I could not get anything but *Mercurius* out of it, and although the baby had gotten *Merc.*, *Ars.* and *Cham.* there was no relief, until I found that the mother had been eating candy. When she was asked if she ate sweet things, sugar, etc., she said, "Oh, no." "Why, yes you do," said the husband, "I bring you home a pound of candy every day. What do you do with it?" "Oh that was nothing," she replied. But the baby did not get well until it got *Argentum nitricum* and the mother stopped eating sugar. "Irresistible desire for sugar." Quite a number of medicines have craving for sweets but many of them can eat sweets with impunity. It is always a peculiar thing when one of the articles of diet, such as milk, sugar, salt, starch, etc., and the things of the table make sick. When it is said that "I cannot eat a tea-

spoonful of anything with starch, egg or sugar in it without being sick," it is always strange and peculiar, because it is not something that comes in only as a craving and affecting the stomach, but it affects the whole patient. The patient says: "I become sick," and hence it becomes a general. When the patient gets a diarrhoea from eating sugar it is not merely a local and particular symptom, because the whole patient is sick before the diarrhoea begins; the diarrhoea is the outcome. Hence as it is a general it is necessary that it should be examined into.

"The vomited substances tinge the bedding black." Incessant vomiting of food. He sometimes spits up food by the mouthful until the stomach is empty. Eructations of air accompanied by a mouthful of undigested food, like *Phosphorus* and *Ferrum*. Spitting it up; welling up in mouthfuls.

"Eructations relieve." "Flatulence passes upwards, in quantities." Frequent eructations. Eructations do not always relieve. It is more like *China* in its eructations. The eructations of *Carbo. veg.* relieve for some time and he feels better. This is the way with *Carbo. veg.*; he is distended almost to bursting and he cannot get up any wind, but finally after much pain and distension it wells up in empty eructations and then he gets relief. With *China* he is distended to bursting, and every little while getting up a little accumulation of wind but with no relief. It does not seem to help, and sometimes patients will say they seem to get worse after it. That is only one way of saying that they do not get any relief from belching. So it is with *Argentum nitricum* at times. It evidently has both. "Most gastric ailments are accompanied by belching." "Belching difficult; finally air rushes out with great violence." "Nausea after every meal; nausea with troublesome efforts to vomit." I have seen these *Argentum nitricum* patients vomiting and purging in the same moment, not vomiting one second and purging the next, but gushing out both ways with great exhaustion like cholera morbus, so relaxed, prostrated and weak. "Vomit; streaked brown, flocculent, like coffee grounds."

The stomach, liver and abdomen are full of pain. The abdomen distended with all this troublesome flatulence. Inflammation of the stomach, ulceration of the stomach, most troublesome

diarrhœa. Diarrhœa with copious flatus. Stool with copious flatus in nursing children, with tormina and viscous sanguinolent stools and tenesmus, etc. "Diarrhœa of children after weaning." Another feature in connection with the diarrhœa and dysentery is that casts are passed with the stool, like diphtheritic membrane or deposit; casts like the rectum, strings of membrane, come with the stool. Stools of green fetid mucus with noisy flatus at night.

"Urine passed unconsciously and uninterruptedly." "Urging to urinate; the urine passes less easily and freely." "Bleeding of the urethra; painful erections; gonorrhœa." It has most painful gonorrhœa with painful erections in the male. In the female the vagina is extremely sore, and the external soft parts are swollen; tumefaction. Vagina feels sore on urinating; bloody discharge. In the male orchitis from suppressed discharge. In the female ovaritis; inflammation of all the pelvic organs. Great soreness all over the pelvis. Especially is it useful in gonorrhœas that have been suppressed. In the male where orchitis has come on and in the female where the ovaries and pelvis are inflamed and tender. Bleeding from the vagina. Ulceration of the uterus. Coition is painful or impossible. "Pains like sticks or slivers in and about the womb," etc. This sensation prevails wherever there are ulcers. "Prolapsus with ulceration of the os or cervix." Hæmorrhage of short duration; shooting pains through abdomen and stomach. Metrorrhagia. Complaints of nervous women and at the menstrual period. Menses suppressed or scanty. Complaints during pregnancy.

Under the symptoms of the heart and pulse: "Anxiety with palpitation and throbbing through the whole body." "Violent palpitation from the slightest mental emotion or sudden muscular exertion. Palpitation obliges her to press hand hard against hand for relief. Heart's action irregular, intermittent," etc.

Great restlessness. The nervous symptoms are very numerous. Periodical trembling of the body. Chorea with tearing in the legs. Convulsions preceded by great restlessness. Nervous faintish tremulous sensation, etc.

The sleep symptoms are quite general. Distressing nightmares. The dreams are horrible. Wakens in excitement and

with starting. All sorts of strange, abominable, horrible things in sleep. Dreams of all sorts of vicious and violent things, and that everything is going to happen to him. Dreams of departed friends, etc.

On waking in the morning limbs feel bruised; aching in the chest, etc. Cannot sleep at night because he is so nervous.

Erysipelatous bed sores. While riding, palpitation and anxiety compelling him to get out of wagon and walk, and that real fast, too.

Purplish rash such as appears in the most serious forms of scarlet fever and zymotic diseases.

Its most natural antidote is *Natrum muriaticum*. When you have the ulcerations where the throat has been cauterized or the cervix uteri or eyelids have been cauterized by Nitrate of Silver study *Natrum mur.* and see if the symptoms of the case would not justify its administration. It is the most common natural antidote for these vicious practices.

ARUM TRIPHYLLUM (Indian Turnip).

Perhaps you boys in childhood have wandered in the low grounds where this wild turnip grows, and have undertaken to take a nip out of it, and probably you remember the sensations in the mouth that you received at that time. I distinctly remember making an endeavor to enjoy a piece of wild turnip. The tingling that is left in the lips and tongue and from the throat to the end of the nose, and wherever sentient nerves comes to the surface, is astonishing. The prickling and tingling is painful. He simply is driven to madness. It is a sensation that cannot be let alone. It requires a continued handling and manipulation, and from this we gather the wonderful sensations that must be present in children when they are suffering from acute diseases and this remedy is indicated. For in spite of the rawness and bleeding and smarting of the parts they will insist on pinching and scratching and picking the lips and pressing around the mouth and boring into the nose. I can well understand what that sensation must be. It has been a guiding feature in acute diseases, scarlet

fever, many throat affections, diseases that take on a low type, such as continued fever with a high temperature and eruptive fevers. Among other complaints, sore throats, zymotic affections with high fever, delirium and a great deal of excitement, even maniacal manifestations. It is manifested to a great extent in these associated symptoms. It must be that there is in the nose and lips tremendous and painful tingling that the patient persists in boring the fingers into the nose. Manipulating and pinching the lips, picking the lips. It is altogether a different symptom that occurs in delirium of a low muttering type, which we call carphologia, picking the bed clothes, picking around all the time, picking and handling the clothing, a little busy, low form of muttering, must be doing something all the time, groping around with the fingers and feeling for something. This is the carphologia described in the books, and it is a mental symptom. While "picking the lips" is given under the "mental" symptoms in the repertory, it is not intended to mean that it is a mental symptom like carphologia. Now you will find two expressions in the repertory and it is necessary to have two—the one is that "the nose itches" and the other is "he rubs the nose," he does something; that is, what an individual would do if his nose itched. One's mind is not always directed towards the two—one is a direct expression and the other is an indirect expression of it. I remember once it was brought out in this way. I was in the consulting room and I had arrived at the conclusion that Carbo. veg. was the remedy, and the attending physician immediately looked in the Repertory and said: "But that does not have 'rubbing the nose.'" "Yes, but it says in the text 'the nose itches.'" He had not even thought to look at the rubric "itching of the nose." If it itches, will he not scratch it? I simply throw that out as a hint that you may always think of the various ways a symptom may be recorded in the repertory.

This remedy has not been sufficiently proved to bring out the nature of its chronic manifestations. It has undoubtedly something of that kind, but it has been used in a limited way among acute affections of a zymotic character. It has not been used to any great extent for chronic sick headaches, but it has cured some headaches that are worse in the heat, worse in a warm room and

from warm clothing, worse from becoming hot, worse from wrapping up the body, worse from wearing furs on too warm a day, from woolen clothing on too warm days for such. Heat in the head, determination of blood to the head. It has also cured eruptions upon the scalp like eczema. It has also been found useful in catarrhal affections of the nose and eyes and lids. About the nose its affections have been mostly of the acute kind. It has most dreadful coryza. The nose is stopped up and more stopped up on the left side. It says in the text: "Must breathe through the mouth." Sneezing worse during the night; fluent coryza, acrid. This is a contrasting feature, for when we come to the eyes we shall find that it has copious *bland* lachrymation, acrid at times, but most commonly bland, and in some other parts of the body the discharges are bland. The *general* of the remedy is acrid, but there are some exceptions. The discharge of saliva flowing over the lips produces rawness, smarting and burning of the mucous membranes, and the lips bleed. The fluid from the nose as it flows over the skin leaves red streaks. The bland discharges are the exception. "Acrid ichorous discharge excoriating the inside of the nose, the alæ and upper lips." That is expressive and occurs in diphtheria, in various forms of sore throat, in scarlet fever, when this medicine is indicated.

Dreadful inflammation of the tongue, with running at the nose of this acrid kind. Inflammation of the root of the tongue, of the throat and soft palate, of the tonsils. The glands of the neck are swollen. This inflammatory condition is followed by paralytic weakness, making it impossible for him to swallow liquids or food, and when the mouth forces food into the pharynx the œsophagus refuses to operate, and then fluids and liquids are forced up into the nose and run out of the nose. This has been clinically observed many times in diphtheria and sore throats. The sneezing is like an ordinary coryza, with repeated chills over the whole body, and aching in the bones as if the bones would break, like *Nux*, *Eupator.*, *Arn.*, *Rhus*, *Bry.*, and *Ars.*, that have aching all over during "cold." This is one of the most striking medicines as an illustration of the keynote system, that is, with those who prescribe on one symptom and give this medicine whenever the patient bores his nose or picks his lips, not-

withstanding that *Cina* bores the nose and picks the lips. *Cina* has more of the congestive and nerve symptoms. The nostrils are really so sore from the acidity of the fluids inside of the nose that it feels as if the nostrils were filled with fire. I have heard them describe the sensation as if the nostrils were full of molten lead, as if full of coals of fire, or boiling water. This is the language of the patients who narrate their symptoms in an *Arum triphyllum* case. They come into the office with a sore, raw nose, and it tingles and tickles and he cannot let it alone. Fluids run down over the lip and excoriate. The glands of the neck are often enlarged. When he takes cold in the nose there is soreness of the neck and parotid gland. Desire to bore into the nose and side of the nose. This boring into *the side* of the nose is another symptom and differs from the one "boring the nose." You will see children boring in the nose right in there (side of nose, region of nasal bone), just as I am doing now, and they cannot let it alone. They bore and bore into the side of the nose. It is an inflammation of the nasal duct, the duct that leads from the eye to the nose, and accompanied by a discharge of tears over the cheeks, with the tickling that extends up there which they cannot reach, but they undertake to reach it. The constant picking of the nose and the boring into the nose with the finger shows there is a great deal of trouble. Can hardly talk on account of phlegm in the back part of the nose. He talks through the nose. The nose is filled with mucus and there is great tumefaction of all the mucous membranes which gives him a nasal tone. "Swollen, bloated face." If you observe the nose and face you will be surprised to see that so much of the trouble is on the *left* side of the face, left nostril, left lachrymal duct, etc. There is bleeding of the lips, upper and lower. You go to cases of scarlet fever, typhoid and diphtheria where extreme redness is present. The under lip especially is denuded and drops of blood stand upon it and the patient is constantly picking, and pinching the lips, and when you request the little one to stop it or take his hands away he yells with a sort of sepulchral yell. "Children will often pick and bore into raw surfaces though it gives them pain and they scream with it, but they keep up boring." That is a striking symptom. Fluids make the lips raw and then this tickling comes

on, and he cannot let it alone, he must keep at it. "Appearance of raw bleeding surfaces on the lips, buccal cavity, nose, etc." Great itching tingling describes it. With all these there is inflammation of the parotid and submaxillary glands. In typhoid, where you would hardly expect much swelling of the parotid, these glands have been enlarged when this medicine was indicated. In diphtheria, scarlet fever and sore throat enlargement of the glands, the salivary and submaxillary. This inflammatory condition with soreness and swelling of these glands; the glands are hard and tender to the touch. Even the tongue comes in for its share of trouble. The tongue is red, the papillæ elevated, the tongue appears to be almost denuded. It is raw and almost bleeding, sometimes does bleed in a few places, and sometimes after this has gone on for a few days when the tongue is projected it looks like a big red strawberry, and for that reason has been called "Strawberry tongue." "Tongue cracked, bleeding; burning, painful; smarting on tongue and fauces." This medicine has inflammation and swelling of the tongue, the tongue is very "sore, red papillæ swollen and elevated." Putrid odor from the mouth. Mouth foul, so sore that he was unwilling to drink. All this points, you see, to tingling and raw condition of the buccal cavity far back into the throat. If you look into the buccal cavity you will see the parts raw, denuded and bleeding. Excessive salivation which is acrid. Mouth burns and is sore. Cries when anything is offered. Buccal cavity covered with diphtheritic ulcers, also with aphthous patches which cover the whole mouth and the tongue. In a general way I have said sufficient about the throat. Read the symptoms themselves. It says "stinging," but it is a painful tingling, stinging like the sting of a bee sting, stinging pains in the throat and the parts are ulcerated, raw and bleed.

It has a diarrhœa such as occurs in typhoids, idiopathic typhoids. If you have ever seen the yellow corn meal mush when it is dropped on a plate, it has the appearance of the typhoid yellow stools. When this medicine is suitable diarrhœa is yellow like corn meal; frequent, fecal, thin, mushy, yellow, is the description of this typhoid stool. There are other times that the stool is dark brown, watery, thin. As is usual, the feces, es-

pecially the thin, are acrid. The thin feces escape from the anus and keep the parts raw and burning. With other complaints, in typhoid especially, in the groin where the thigh bends upon the abdomen an excoriation takes place with acrid moisture. Again, we notice rawness over the coccyx. A moisture and rawness from acrid fluid in the posterior part of the fissure back of the anus so that over the coccyx and back of the anus there is rawness and acrid moisture.

The voice comes in for an extensive part of the trouble. It has been found especially to relate to singers and public speakers. At times when a lawyer has had a long case and he is making a final effort, and has been speaking three or four hours, and while in a sweat has got into a draft or gone out, he finds himself hoarse and cannot finish his speech a dose of Arum triph. will enable him to go on with his speech in a voice as clear as a bell. It clears up the hoarseness. In public speakers and singers who have been compelled to strain the voice and have taken a little cold and the voice is hoarse after prolonged exercise; this is the most striking feature of the Arum triph. voice. In the text it reads: "Voice hoarse; from over-exertion of voice in speaking or singing." "Voice uncertain, uncontrollable changing continually, now deep, now hoarse, etc." It manifests itself in this way. A singer starts in a certain pitch and he cannot talk to you, but he tries another pitch and can talk. It reminds me of a patient that used to come to my office and pass the time of day, and when asked as to his health his usual way of expressing it was, "This lung is all gone" (talking in a whisper), "but this one is a very good one" (talking in a strong voice). It is a queer thing that on certain notes they are voiceless, which shows that there is an irregular and patchy inflammation of the vocal cords, in little places inflamed patches; it is not uniform inflammation or the voice would be uniformly affected. "Clergymen's sore throat," is not a good expression, because it is clergymen's hoarseness that is meant: hoarseness and rawness of the throat of public speakers when talking. Of course you would say any voice that is hoarse is aggravated when talking, but it is not always so." The *Rhus* hoarseness carries with it its characteristic relief from motion, and the use of the voice is motion of the larynx.

When the *Rhus* patient commences to use the voice he finds that he is hoarse, but after using the voice a little it loosens up, becomes freer, or, in other words, it is better from motion. This may be so either in acute or chronic hoarseness. Now, in this remedy as in *Phosphorus*, the voice is ameliorated from clearing the vocal cords of a little mucus. After he gets rid of a little mucus he can talk very well. It is not so in *Rhus tox.*, for it is a weakness and paralysis from cold. It is well known under *Rhus tox.* that the tendons and muscles that are rheumatic become weak, they are stiff on beginning to move and are ameliorated when they are warmed up; so it is with the voice.

Now, in the chest there is burning and rawness when coughing; this extends to the pit of the stomach. "Raw feeling in chest." "Lungs feel sore." "Soreness in l. lung." You will notice that many times patients and provers state sufferings as in the lungs, which may not really be the region affected. Most likely from what is known of other symptoms this burning is in the trachea, although it says in the lungs. This remedy does have burning in the trachea, the whole length of it, during an attack of coughing, and burning in the larger branches of the bronchial tubes. The catarrhal state is largely confined to these parts, the trachea and bronchi, but this medicine has cured pneumonia. It has been found useful as a palliative in phthisis. It is used in crude form among the farmers as a domestic medicine for coughs and colds and as a palliative in consumption. In many of the farm houses you will find the wild turnip hung up in strings like beads to be dried and grated and used with sugar and water and cream.

I mentioned the fact that it seems to favor the left side of the head, the left nostril, the left side of the face. It also prefers the left chest and the left lung. It has soreness in the left side of the chest and left arm. It has a sensation of fulness in the thorax and soreness extending down and involving the left lung.

Here is a clinical picture of fever: "Typhoid forms of fever; picking ends of fingers and dry lips till they bleed, etc."

In most of these complaints the urine is very scanty and is sometimes suppressed. You will very commonly note a good action of this medicine in these complaints by its immediately starting up a copious flow of urine. It is a good sign of relief.

It has upon the skin all the scarlet rash that you would expect to find in scarlet fever, and it has also the typhoid petechiæ.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.*

LECTURE XXIII.

§84. The patient details his sufferings; the persons who are about him relate what he has complained of, how he has behaved himself, and all that they have remarked in him. The physician sees, hears and observes with his other senses whatever there is changed or extraordinary in the patient. He writes all this down in the very words which the latter and the persons around him made use of. He permits them to continue speaking to the end without interruption except where they wander into useless digressions, taking care to exhort them at the commencement to speak slowly that he may be enabled to follow them in taking down whatever he deems necessary.

One of the most important things in securing the image of a sickness is to preserve in simplicity what the patient tells us in his own way, unless he digresses from the important things and talks about things that are foolish and not to the point, but as long as he confines his information to his own sufferings, let him tell it in his own way without interruption and in the record use his own language, only correcting his grammatical errors for the purpose of procuring the record as perfect as possible. If you use synonyms, be sure that they are synonyms and cannot be perverted. Of course, when the woman speaks of her menstrual period as "monthlies" or as her "show," the more suitable medical term is "menses," which is a synonym for those expressions, and is more expressive than her own way of calling it "a show." So in general terms you can substitute terms of expression so long as you do not change the idea. Of course, the changing of "legs" into "limbs" if you feel like making such a

* Stenographically reported by Dr. S. Mary Ives.

change is not a change of thought, but be sure in making a change it is not a change of thought.

It is one of the most important things in forming the record of a patient to be able to read it at a subsequent examination, without being disturbed by the repeated statements of the patient. If you write a record in consecutive sentences, you will be so confused when hunting out the symptoms of the patient that you will be unable to form an image of that sickness in the mind. It is truly impossible when the mind is full with the effort at hunting out something to listen with proper and concentrated attention. You should divide your page in such a manner that when the patient is talking to you about this thing and that thing and the other thing of her symptoms, you can with one glance of the eye look down over the page of the record, and see everything there is in that page. If your record is not so arranged, it is defective. Now, a record can be so arranged by dividing the page into three columns, the first of which contains the dates and prescriptions, the second the emphatic symptoms or headings and the third the things predicated of the symptoms, thus:

Date	Symptom.	Things predicated of the symptom.
		< (aggravation).
Remedy		> (amelioration).

After the patient has detailed his sufferings in his own way and you have gone through them and discovered all the things that you can predicate of his symptoms then you can proceed to make enquiry of some one who has been with this patient. In a study like this with most of our private patients there has been a nurse, sometimes only a sister or a mother or a wife who has been observing all the sick individual has complained of. "The persons who are about him relate what he has complained of, how he has behaved himself, and all that they have remarked in him." Now, this should be listened to with great care. It is important in this instance to decide whether the observer is over-anxious, if a wife whether she is not frightened concerning her husband and so intermingles many of her notions and fears, which you must accept with discretion. Get the nurse, if possible, to repeat the exact words of the patient. If such a thing can be done in acute sufferings it is worth more than the words

or expressions of the nurse, the wife for instance, because the more interested and anxious the person is, the less likely she will be to present a truthful image, not that she wants to deceive, but she is dreadfully wrought up and the more she thinks of what he has said, the greater his sufferings appear to her, and she exaggerates them. It is important to have the statement from one who is disinterested. Two or three of the observers who are intelligent having been consulted and their statements recorded the physician then notes his own observations. He should describe the urine if there is anything peculiar about that, but if the urine and stool are normal he need not care about the description of these.

It has been the study for hundreds of years to find the best way to question witnesses in court, and as a result they have settled upon certain rules for obtaining evidence. Homœopathy also has rules for examining the case that must be followed with exactitude through private practice. Among pupils who have been taught here, I know some who have merely memorized and some have not even memorized but have fallen away. These students are violating everything they have been taught; they have gone to low potencies, making greater and greater failures, to the shame of the tutor and the science they profess to follow. I expect some in the sound of my voice will be doing this five years from now; this a warning, stop before you go too far, or you will not feel the fault is your own. You will think you were hypnotized and led into false ways. If you neglect making a careful examination the patient will be the first sufferer, but in the end you yourself will suffer from it, and Homœopathy also. The questions themselves that Hahnemann gives are not important, but they are suggestive and will lead you in a certain direction. Question the patient, then the friends, and observe for yourself; if you do not obtain enough to prescribe on, go back to particulars. After much experience you will become expert in questioning patients so as to bring out the truth. Store up *materia medica* so as to use it and it will flow out as your language flows. Ask questions so as to force the patient to tell the truth. You must put yourself on a level with the form of speech your patients use. Be sure you have not put any words into your patient's

mouth or biased his expression. You want to know all the particulars but without asking about it directly. If you ask a direct question, you must not put the symptom in the record, for ninety-nine times out of a hundred the patient will answer by "Yes" or "No." If the patient's answer is "Yes" or "No," your question was badly formed. If a question brings no answer let it alone, for he does not know or has not noticed. Questions giving a choice of answers are defective. Ascertain the precise part of the body the pain was in and the character of the pain, etc. In investigating a case there are many things to learn, the length of the attack, appearance of the discharge if it be a case of vomiting, its character, the time of day, etc., etc. Every student should go over these questions framing collateral questions, and practicing case-taking. Leave the patient in freedom always. Do not put any words into his mouth. Never allow yourself to hurry a patient; get into a fixed habit of examination, then it will stay with you. It is only when you sustain the sharpest kind of work that you can keep up your reputation and fulfill your highest use. Say as little as you can, but keep the patient talking and keep him talking close to the line. If he will only talk, you can find out symptoms in general and particular. If he goes off, bring him back to the line quietly and without disturbing him. There is not so much trouble in private practice. There you will do a better average of work.

All sleep symptoms are important, they are so closely related to the mind, the transfer from sleep to waking, from cerebrum to cerebellum is important. Old pathologists were unable to account for difficult breathing during sleep. The cerebrum rules respiration during sleep. To know the functions of the brain, the functions of the white matter and gray matter, is important. A rational knowledge of anatomy is important. No homœopath ever discouraged the true study of anatomy and physiology. It is important not only to know the superficial but the real, profound character, to enable you to recognize one symptom-image from another.

Study this paragraph carefully and meditate upon it. If you do not form habits now, you will not form practice hereafter. You have no regular course and will get into habits you cannot break up.

THE LOGIC OF SIMILIA.

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“Logic is the science of the operations of the understanding which are subservient to the estimation of evidence; both the process itself of advancing from known truths to unknown, and all other intellectual operations in so far as auxiliary to this.”

Similia is the art of healing the dynamically indisposed through the interposition of a drug potency or other medicament characterized by signs and symptoms the similitude of, but not the same as those produced by the curative agency in well persons.

The logic of Similia comprehends, and by right should and does exact an understanding, knowledge and estimation of the mental, moral and material exhibitions of the law of similars; or cognizance or clear and certain perception and indubitable information of *Similia similibus curantur*.

The logic of Similia exacts a comprehension of the physiologic as well as pathologic state of man or beast (according to the domain of our practice) and a knowledge of drug pathogenesis (“known truths”). But above all this an understanding of the law governing the alleged (“unknown”) curative and the equally alleged (“unknown”) prophylactic.

The logic of Similia exacts a repetition of the indicated remedy at short or at long intervals according as the character of the malady prescribed for (the “unknown”) is of the rapidly fatal (cholera) or of the chronic form (syphilis), as well as according to the “known” potency of the curative agency exhibited.

The logic of Similia should be the most, instead of (as at present) the least, conspicuous daily didactic (as well as practical) demonstration of our law of cure in the curriculum of more of the institutions of learning claiming allegiance to Hahnemann and to this, his greatest discovery.

The logic of Similia can be acquired in no institution, however denominated, except through the daily unfolding of the law so that those seeking it may be brought “not as in a glass, darkly, but face to face” with visible results.

The logic of Similia admonishes against hypocrisy (the blackest crime, next ingratitude, known to man) synonymous, in the case of a non-homœopathic "Homœopathic Medical College," "with obtaining money under false pretenses," which interpretation cannot be too quickly nor too vociferously abrogated by a suspected faculty.

The logic of Similia demands appreciation of Hahnemann's Organon (which is the only logical first source of similia), of his *Materia Medica Pura* and of his "Chronic Diseases," for therein obtain as evidence for estimation the incontrovertible proofs of the mental, moral and material exhibitions of this law as well as those regulations and rules which, agglomerated, comprehend the law.

The logic of Similia (like any other reasoning from effect to cause) necessarily excludes double remedies (in mixtures or in alternation) and discountenances the physiologic dose, for no proving illumines the dubious pathway of mixtures or of alternated curative potencies and the law is never exemplified through the primary effect of the crude drug.

The logic of Similia demands more living examples of homœopathic thought and practice (according to the law of the method of cure and prevention enunciated in the writings of Hahnemann), less haphazard and crude prescribing by present day preceptors and no encouragement for the so-called "Homœopathic Pharmacy" that advertises "Homœopathic Mixtures" which have not and cannot have any existence in fact.

The logic of Similia should never be deemed by an instructor in a Homœopathic Medical College as in any way possibly inimical to the best interests of said institution; and any instructor advising to the contrary should be promptly released from his, at least implied, obligation (and his office) and the true as well as the implied principles of that institution be at once and unequivocally announced that no prospective patron may be mistaken as to its homœopathy.

The logic of Similia can entertain in no position of trust, honor and example him whose prescriptions are but equally "Homœopathic" in principle to those of his allopathic colleagues who practice "either way;" for it is this lack of appreciation of Si-

milia, more than any other one act, which jeopardizes the integrity and future of our cause and makes our law the butt of a deserved ridicule by those not at all responsible for and equally ignorant of its blessings.

The logic of Similia demands, in self-preservation, a rigid adherence to the single, true law for the healing of the non-surgically sick in the speediest, gentlest and most permanent manner; the diurnal delving of every student of Similia into the rich stores of profound and erudite researches of the many truly great disciples of Hahnemann and a sufficient appreciation for human life to offer only our very best, which can never include nor countenance illogic speculation.

DR. KENT'S REPERTORY.

Review by W. A. YINGLING, M. D., Emporia, Kan.

It is a matter of satisfaction as well as congratulation to the profession that this mammoth undertaking has been accomplished and the last fascicle of the repertory issued. The finished product is before us, and we can see its features of superiority as well as its weak parts. It is *easy* to find fault and criticise the finished product, much easier than to approximate its perfections. No one realizes the imperfections of this great work more keenly than Dr. Kent himself, and he has already begun to lay plans for a possible revision in the future, ten to twelve years hence, by a special copy of the work for the purpose of recording all changes and additions as they occur to him or are suggested by those who use it. If all will join in this work, point out possible changes and additions, as well as corrections, the future will give us a repertory as near perfection as human agency can make it.

No doubt every user of the repertory will find some select keynote, or, possibly, remedy, missing, and he may wonder why it has been omitted. The first object of such a work must be *accuracy*. All fads and fancies must be omitted and only facts, verified facts, must be admitted. The author has not permitted his own vagaries, though based on partial experience, to be re-

corded, much less the wild fancies and suppositions of those who have had but little general experience and opportunity of close study and comparison of the complete *Materia Medica*. Many of these *by-experiences*, many of the (what might be called) suppositional symptoms, as well as many of those favorite symptoms of our best prescribers, will be admitted in the next edition after proper verification, but in this edition, within the bounds of *present* knowledge and experience, *accuracy, reliability and certainty of results* have been the guiding influences and purpose of the author. A careful study of the repertory will show plainly that the author has accomplished his purpose and that we have a repertory that we can confidently rely in on all its features and rubrical remedies.

The next commendable feature of the repertory is *convenience of arrangement* or accessibility of contents. There is no arbitrary placing of rubrics, either symptoms or concomitants. Every symptom is placed right where it belongs, and when the user understands this feature of the work he will have less trouble than with any other repertory. This also saves space, for there need be very few repetitions. We get by this means the most complete and full repertory extant, with but little addition in size of volume. We do not find "Before Menses," "During Menses" or "After Menses," under Menses in the Genitalia, for under every rubric, where the menses have an influence, we find these sub rubrics. If your patient has *nausea* at the time of the menses, you would naturally turn to Nausea to see how it is affected or caused by the monthly flux, and there and in its alphabetical order "Menses, before," "during" and "after" with the remedies, and, what is more important, the best opportunity to carefully compare the characteristic modalities of nausea. By such comparisons the good prescriber very often selects a remedy *never known* before to have been used under the *name* of a given disease or circumstance. Homœopathy being an exact science, every remedy becomes a keystone with which to complete the arch of cure. If the remedy does not fit the case, the arch is not secure and may fall. The more exact and perfect the keystone remedy, the more certain and secure the arch.

What we said of the menses applies equally to the conditions

"Before," "During" and "After" breakfast, chill, cough, dinner, drinking, eating, eructations, fever, stool, supper, urination, etc., etc., etc., under Nausea, Vomiting and *all other* rubrics so influenced.

In every instance the "Generals" are given as well as the "Particulars," so that this repertory can readily be used in the same way as many use Boenninghausen's Pocket Book. It has all that is found in Boenninghausen, with the errors eliminated, and much more beside, being more complete and brought down to date.

To illustrate the completeness of the repertory we will refer to "Pain," as we have the work open at this place, under Stomach. The same plan is carried out in full under all other places where *pain* occurs. First we have "Pain" in the stomach in General 184 remedies, (17 of which are in large, black-faced type), then follows the *time* of the pain in general, morning, forenoon, noon, afternoon, evening, night, with particular modalities under each; then the *particulars of pain in general*, such as after acids, in open air, cold drinks or food, coughing, before, during and after each meal, menses, stool, etc., etc., etc., altogether occupying seven columns of pain in general; then follows all the *particular kinds of pain*, such as boring, burning, clawing, cramping, etc., etc., and under each one the modalities and circumstances before, during, after each meal, menses, stool, etc., etc., and all other circumstances influencing the particular kind of pain, in all, 25 columns of pain in the stomach.

When it is remembered that this same completeness is carried out under every part of the repertory we can partly realize the convenience and utility of the work, and a modicum of the labor required to prepare it. Dr. Kent spent over two years in preparing the manuscript of Extremities alone.

To appreciate and understand the repertory one must see and carefully examine it. As soon as it is understood—and it is not complicated, but very simple in arrangements, though differing from all others—it will be readily acknowledged that it is the cheapest book for the money on the market, for it is one that will make the physician successful in curing his patients and put him

in the way of making money. The dear people *begin* to look after the successful doctor; they want "relief" and not "pathy."

Space does not permit mention of the completeness and admirable arrangement of "Generalities," and many other features that make the book valuable and really indispensable to the would-be successful practitioner of to day.

If the physician can have but *one* repertory, let that one be Dr. Kent's, for it is not only the latest and freshest, but also the most complete and exhaustive. The writer would advise the physician to get a copy of *all* repertories and parts of repertories, for in each he will find something of value that will repay him many times.

WHAT WOMEN MAY BE SAVED BY HOMŒOPATHY.

Julia C. Loos, M. D., H. M. (late of Philadelphia), Harrisburg, Pa.

The treatment of women's diseases has unfortunately become a specialty in medical practice, and one so poorly followed that we not infrequently hear expressed among the best women physicians, at the present day, among those of well trained minds and refined senses, a feeling of repulsion against this department of work. Women say: "I don't like gynecology, I can't bear it; I feel no interest in it, and want as little as possible to do with it." In spite of the fact that such troubles would most naturally be referred to the women in the profession, and in spite of the sympathy for such disorders they should have, it is perhaps, after all, not so strange at the stage of treatment now reached and the methods employed. Certainly nothing could be more revolting to a woman's delicate feelings than the clinical treatment of patients with pelvic disorders. Where pelvic examinations are made, almost invariably, the first local examination gives a shock to the senses and feeling of abhorrence to the patient, and this repeatedly performed, if not increasing the shock, must dull the sense of delicacy and inherent modesty. Even children shrink from such exposure and cannot but think with lessened respect of those who urge them to go through the ordeal for demonstration (as is done) when they themselves are unwilling. Personal experience with

this class of cases has shown that local examinations, even mere inspection, are abhorrent to the minds of patients, and even the poorest class of patients are solicitous to request that no others be admitted to the examination. Some one in a recent magazine has tried to show that the prevalence of this procedure has come from its extensive use by the practicing women and subsequent adoption by the men as routine to keep to the pace thus set. This is hard to believe that woman have inflicted this unwholesome practice on their own kind without repugnance. More probably it is due to the mania of modern science to feel or see whatever comes under its consideration.

Consider the definition admitted among gynecologists of the day, those at the head of the specialty; gynecology is surgery of the pelvic organs—realize what it means—frequent exposure and manipulation, probing, swabbing, curetting, cutting, packing and repacking, extirpation and the mind forever dwelling upon the sexual organs, and then say is it any wonder that women revolt and will not follow this line of treatment? This need not be, however, it is but one of the many perversions found in modern practice of treating sickness and sick people, and may be replaced by a wholly different order of things. Develop pure Homœopathy and apply it to women who suffer from disorders of the pelvic organs, those which come to them through their functions of womanhood, and you have the opportunity to ameliorate some of the most severe forms of suffering, cure distressing disorders and thus earn the blessings that naturally fall to a true physician without developing shame beyond its limits, even to shamelessness, without trespassing on woman's highest trait, that of womanly modesty, without contributing to the degradation of woman and hence of the race by depriving her of the highest functions of her being and the noblest sentiments of her kind: the love of husband and the care of children.

Let us turn to the history of women's sufferings and their treatment to the present time. Take those cases where menstruation is established with great turmoil in the economy, even with disorders everywhere "in sympathy" with the function. Instead of the regular, periodic, painless, normal flow for a few days, the flow comes at irregular periods, too frequently or too seldom, with great pain from congested vessels or oversensitive

nerves, or from inflammations, or the amount may be insufficient to relieve the system or too profuse, even to alarming hæmorrhage. When the flow has ceased for the time there may be catarrhal discharge continuing, or inflammatory action may result in change of tissue, adhesions and indurations interfering with the freedom of organs, thus causing trouble. Now what can be done when this continues for months or for years, as it does if the patient is left to the natural course of disease?

This is what happens when the modern scientific physician is consulted. For awhile attempts are made to give a free full flow, if it is scant or infrequent, by the use of so-called emenagogues. Rest, anodynes and depletion of tissues are resorted to to ameliorate the pain and congestion. Counter-irritation is used to relieve inflammations, while tonic applications and antiseptics with tampons are used for the catarrhs. But these means prove useful just at the time, each period brings a recurrence or the trouble goes on as before—the woman does not grow better, the system does not improve, and she is finally told the only way to be rid of it all is to check the menstrual function entirely, she must submit to removal of the ovaries, which advice is too frequently followed.

Perhaps the trouble dates to disorderly parturition, when delivery was followed by taking cold, or carelessness of the patient, so that the uterus has not resumed its normal condition. Perhaps tumors have developed in the uterus or about the ovaries. Perhaps there has been impure coition and the loathsome "specific inflammation" is present. In these cases advice is given that nothing will be right until the all-powerful pelvic adhesions are broken up and organs set straight, or the uterus and all appendages are removed, which will give full cure. Then the special surgeon adds another to his list of operations for which he has become so adept through practice. So common is this practice of surgery that a patient with some menstrual trouble may be referred by her regular physician to a specialist for examination who will listen half attentively, and mildly say the ovaries should be removed. Upon hearing this report the regular physician confronts the specialist with questions as to the necessity for such measures, and is told there may be no need for it in this case, it was given no very particular attention, but many women do need it.

One clinical lecturer in Cincinnati introduces his discourse by

announcing that for this one time a departure will be made from the usual program, as the lectures have been so exclusively surgical he will this time consider the medical aspects. He endeavors to emphasize to his students the proposition that these intra-pelvic states are among the most potent factors in the cause of neurasthenia, which though so self-evident has astonishingly not been given recognition in a recent cyclopædic article. But he admits it is only one of many causes. His conclusion is that treatment directed to the pelvis is necessary to cure the neurasthenia, and in this connection gives the common instruction: "In cases of degenerative change of the uterine appendages give the patients the advantage of the practically always successful resources of our surgical art."

The object of treatment of patients suffering from various forms of disease is to restore them as nearly as possibly, as promptly as possible, to the conditions of healthy action, painless performance of the bodily functions, mental harmony and comfort in living, that they may thus continue in the performance of their duties and the pursuit of happiness. How far does this modern gynecological treatment fulfil this end? Perhaps for a few weeks the patients are delighted to be relieved of their troublesome symptoms, but how short lived is this pleasure and what wrecks they become. Within three years subsequent to this sort of treatment life is vastly changed for these victims of local treatment and surgical interference. The misery, which they say is impossible to put into definite words, the forlorn state they present, is indeed pitiable. While they utter words of praise for the kindness and considerate care of the surgeon and specialist who took such interest in their cases, while they rehearse the acute suffering and inconvenience experienced before that treatment, they are full of inexplicable discomfort and misery which may not be located in any definite point but extends all through the economy, not omitting the mind. Such wrecks of life, such shattered bits of womanhood, unable to find delight in their normal household and family duties, while often they still give evidence of vigorous constitutions, you may not find in any woman upon whom merely the hand of disease is laid, be it ever so heavily.

Disease action in its natural course is manifested first upon the externals, upon the parts remote from the vital functions, and in

these finds safe outlet. But when these would-be rulers of science deprive the organism of this outlet in the externals, when every external affection is violently suppressed, when the very tissues and organs, which would naturally bear the burden to relieve the economy, are removed, the disorder is not checked, it is but turned into other channels, driven to the deeper functions, closer to the vital springs, and these disorders fill the economy with distress. Disorder in the central functions is carried throughout and the whole woman is a wreck.

Consider seriously woman's relations to the family and to the race, consider her highest duties in life and consider what has been done when the very roots of domestic bliss have been destroyed, when the most divine gift of her nature has been removed and the regeneration of the race has been menaced.

Dr. LeCann is quoted as saying before the Faculty of Medicine in Paris, in 1836: "The abuse of ovariectomy has done more harm to France in ten years than the Prussian bullets did in 1870." "The causes of our depopulation are closely allied to the practice of castration of women." In another place: "There are in France five hundred thousand women without ovaries." It is said, too, that the English surgeons boast of breaking the records in this same field of surgery. (Mary J. Hall Williams.)

Perhaps some faint shadow of realization of where such practice, if continued, will end has come even to those who were the early advocates and promulgators of a system of refined butchery for now they exhort their followers to use proper judgment in the selection of their cases. They try to impress upon the ardent advocates of a false practice that many women may be helped by quiet and good nourishment and only the most serious conditions of disease call for such violent measures. But this is not enough. Thousands and thousands of women in a few years have fallen victims to this craze of pelvic surgery and all are worse for it somehow.

What alternative can we offer? Many times it falls to the lot of homœopaths to receive these victims in their wretched plight and in some cases a state of comparative comfort may be reached. So long as the symptoms have only been deprived expression in the natural way and the course diverted without removal of tissue and organs, the earlier course *may* be again established, the external

outlets relieving the economy when order is restored in the controlling force. So long as any part of the organ is left these parts attempt to perform the functions of the organs under control of vital order. It has been seen in the absence of ovaries and uterus that the small portion of uterine mucous membrane left in the stump for a while carried on the discharge of flow like menstruation. After operation good results are difficult to attain, even relief of any permanence may often be despaired of.

But take these women who suffer from distressing, painful menstruation, those whose menstrual and child-bearing functions are so markedly disordered, those who are in danger of fatal hæmorrhage after puerperal mismanagement or from the presence of morbid growths in the uterus, those who suffer the annoyance and inconvenience of abnormal or redundant growths in any part of the pelvis, yes, and even those, saddest of all cases, women who suffer the penalty of their husband's foolishness and wild youth in gonorrhœal (or syphilitic) inflammatory affections and sterility. Take women with any of these forms of disease, put them under careful homœopathic treatment, continued if need be for three or five years, and what a different picture will you have. How different will be their progress as you watch them month after month. One of the first changes reported will usually be that they feel happier, can look with better spirits upon their difficulties and find all their relations with surroundings better. From this gradually the many distressing features glide away down to the most simple and least of their troubles. Gradual steady progress from darkness to light. Periods of agony give place to days of unconscious delight; vicious growths and inflammations subside without turmoil, and you may even behold the delight of restored motherhood and care of offspring where it had been before denied.

Let no physician hint that in many instances patients themselves do not oppose but rather court the operation which precludes the possibility of pregnancy and subsequent cares to offer it as a justification in this miserable practice of operation. If this be true it is no part of a physician's duty to contribute an iota to such false doctrines and practices. With unprejudiced mind, sound understanding and attention and *fidelity* in every respect he prepares for his use to restore patients promptly, mildly and

permanently to health. In every instance where base motives are admitted he degrades his service and sets a stain upon his act.

This is no matter of theory to be tried, waiting for proof or verdict of inadequacy. The results here stated are actually accomplished without unseemly exposures, weekly inspection and manipulation without necessity of remaining in bed merely to carry out the treatment, without the touch of sharp instruments and antiseptic douches. These methods are too crude, too gross, too much in the realm of ultimates without cause to reach and impress the subtle fine internal vital cause which controls or continues the disorder in these functions. Nothing but an influence as subtle as this vital force following the natural course of its action can restore lasting order in the functions under its control, and this kind of influence is found in the substances provided in nature for application to the life of man in their inner degrees, which degrees may be brought forth or developed by potentization.

KENT'S REPERTORY—BINDING.

We recommend subscribers to send their repertory for binding to James Arnold, 518 Miner street, Philadelphia, Pa. Single copies, sheep, boards, \$1.50. If sent in with a lot of 25 the price will be \$1.00.

STATE BOARD EXAMINATIONS.

The examinations will be held June 20, 21, 22, 23, 1899, in the New Jerusalem church, 22d and Chestnut streets, Philadelphia, Pa.

ORDER OF EXAMINATIONS.

Anatomy, Tuesday, June 20, at 2 P. M.

Physiology and Pathology, Wednesday, June 21, at 9 A. M.

Therapeutics and Practice, Wednesday, June 21, at 2 P. M.

Surgery, Thursday, June 22, at 9 A. M.

Obstetrics, Thursday, June 22, at 2 P. M.

Chemistry and Materia Medica, Friday, June 23, at 9 A. M.

Diagnosis and Hygiene, Friday, June 23, at 2 P. M.

JOSEPH C. GUERNSEY, M. D., *Secretary*,
1923 Chestnut street, Philadelphia, Pa.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

TYPHOID FEVER.

An address delivered before the Boenninghausen Society, Philadelphia, Pa.,
by PROF. J. T. KENT.

Prostration coming on slowly.

Continued fever.

Zymosis.

Sordes in the mouth.

Tympanitic abdomen.

Diarrhœa.

Delirium.

Petechiæ.

Agar., Arn., Ars., Arum-t.,
Bapt., Bry., Carb-v., Chin., Cocc.,
Colch., Crot-h., Gels., Hell., Hyos.,
Kali-bi., Kali-ph., Lach., Laur.,
Lyc., Mur-ac., Nit-ac., Op.,
Petr., Phos-ac., Phos., Psor.,
Rhus-t., Secale, Stram., Sulph.,
Sulph-ac., Verat., Zinc.

Mr. President, Ladies and Gentlemen :

When I was asked to present the subject of the therapeutics relating to typhoid fever it occurred to me to present the subject in a general way, but as I thought about it and considered the epidemic now in the city, progressing and increasing in intensity, it seemed to me that it would be more profitable to study especially such remedies as relate to the present epidemic. Of course, this consideration cannot be taken up without a general extensive survey of typhoid; but to make the subject comprehensive would require a dozen evenings rather than one, so I will consider to-night only those remedies that belong to our present epidemic in Philadelphia. I shall not have time to go over the subject of diet, hygiene or prophylaxis, nor the numerous things that every well disposed and intelligent physician should know

for himself, but will confine myself to the therapeutics, the homœopathic remedies that relate to the present form of typhoid.

On the black-board we have a general summary of the pathognomonic symptoms of typhoid fever, those that run through all cases, those that are present more or less all through the fever. You could scarcely have a group of cases of typhoid that did not exhibit these conditions. Then if we go into our *Materia Medica* we readily group the remedies that correspond. These on the black-board, if considered in a general way, you will find look like the symptoms we have placed opposite them. You see that in this group individualizing and differing symptoms are left out, only those that are common to them all are included. They all have prostration, they all have in degree a continued nature of the febrile condition; they all have, some higher than others, the zymotic tendency; they all have the sordes and the distension known as tympanitic abdomen; they all have more or less a diarrhœa, and most of them have petechiæ. In a general way the group on the left equals the group on the right and vice versa, but this is the most general and common consideration. But now as that entire group of remedies in complex is equal to that group on the left in complex, so is each one a likeness of the group on the left. Each one has in its nature a species of typhoid or continued fever, and yet none of them produces true idiopathic typhoid fever. Only a likeness is found, but we deal only with similars, and while we recognize that the typhoid, the *Agaricus* and the *Zincum* are all individuals, yet we recognize that they are all similar. Not all, however, have the symptoms in the same form and hence the necessity of individualization comes up before us. Some have the diarrhœa at one time of the day, some have it at another time of the day; some have continued fever in very high degree and some have continued fever in low degree. *Arn.*, *Bry.*, *Lach.*, *Stram.*, *Sul-ac.*, have continued fever in very high degree, but *China*'s most characteristic feature is intermittent fever, and it has continued fever in low degree. *China* has in a very high degree many of the symptoms and much of the nature of typhoid fever, the prostration, the tympanites, the zymosis, the sordes, the diarrhœa, the delirium, but as to a continued fever it is in a low degree, and hence *China*

comes in in intermittents and remittents which are going towards and becoming continued. Primarily Gelsemium is a remittent remedy, but in a moderate degree it takes on continuance as it progresses, and hence has been found especially suitable for those fevers that are remittent in character in the earlier stages, but, as the disease advances, progress towards a continued fever, and hence it is suitable for bilious and remittent fevers that take on the continued type, or, strictly speaking, symptomatic typhoids.

Some remedies have delirium in the fore part of the night and some in the after part of the night. These questions have to be considered, and the only way to consider them is by a carefully prepared repertory. Even the fever has its time of aggravation. It is important to find the time at which the fever is highest; in some remedies it will be in the afternoon, some from 3 o'clock to midnight; in some the sharpest time is from 9 o'clock to midnight, etc.

Those remedies having highest fever at certain times are as follows:

Afternoon: Agar., Apis, Ars., Bry., Canth., Chin., Colch., Dig., Gels., Hyos., Ip., Lach., Lyc., Nit-ac., Nux-v., Ph-ac., Phos., Puls., Rhus-t., Stram., Sulph., Sul-ac.

Evening: Arn., Ars., Bry., Carb-v., Cham., Chin., Hell., Ign., Ip., Lach., Lyc., Mur-ac., Nit-ac., Nux-v., Phos., Phos-ac., Puls., Rhus-t., Sul-ac., Sulph.

4 to 8 P. M.: Lyc.

4 P. M. till midnight: Stram.

5 P. M.: Kali-n., Rhus-t., Sulph.

7 P. M.: Lyc., Rhus-t.

8 P. M.: Hep., Mur-ac., Phos., Sulph.

9 to 12 P. M.: Bry.

10 P. M.: Lach.

Night: Am-c., Apis, Ars., Arum-t., Bapt., Bry., Calad., Carb-v., Cham., Chin., Chin-a., Cocc., Colch., Kali-bi., Lach., Lyc., Merc., Mur-ac., Nux-v., Op., Ph-ac., Phos., Puls., Rhus-t., Stram., Sul-ac., Sulph.

temperature running very high: Bry., Hyos., Rhus-t., Stram.

midnight: Ars., Lyc., Rhus-t., Stram., Sulph., Verat.

midnight, before: Ars., Bapt., Bry., Calad., Carb-v., Lach.,
Lyc., Nux-v., Stram.

after: Ars., Bry., Chin., Chin-a., Lyc., Nux-v., Phos.,
Rhus-t., Sulph.

These points as to the highest temperature are important. Remedies select a particular time. You may ask, "Why?" I am not here to answer that, but we observe the fact, and by observing we act accordingly. Find out from the nurse, or by your thermometer, at what particular time the temperature is the highest, and then examine such medicines as have this increase of temperature.

But these are only most common and general considerations. The most important symptoms to consider for the selection of a remedy are such as are not necessarily found in most cases of typhoid, such as belong to the patient himself, such things as stamp upon the sickness the nature and state of the patient. According to Hahnemann the sole duty of the physician is to pay attention to the patient, not to treat his disease, but the sick man. Everyone suffering from this fever has only what might be called a species of typhoid.

When the physician enters the room he should begin to observe and gaze at everything for symptoms; for the symptoms are to the intelligent physician the index of the disease.

What this patient is doing is certainly an important thing for the physician to observe. Does he desire to move or remain quiet? If he is worse during rest he will move, and if he moves continuously we at once examine a certain class of remedies that may be called the moving remedies, or restless remedies, such as Arn., Ars., Bapt., Hyos., Lach., Lyc., Rhus-t., Stram. It is important to examine into the cause of his restlessness, and by observing him a little, or, if he be able to talk, by questioning him we will find that one (the Arnica) patient moves because he is sore and bruised and wants to get off the sore spots; he often says that the bed is hard, but if he describes his sufferings concretely he will say he is sore and bruised and moves to find relief, only to become sore and bruised again, and so he keeps on moving. Arsenicum is continuously moving. It is said in the text he moves from the bed to the chair, and from the chair to the bed, but you see

by his face that it is an anxious restlessness that possesses him. His mental state is one of anxiety, and is depicted upon his countenance; and you will see that this mental state drives him to move and he cannot keep still. We sometimes see the Baptisia patient restless and moving, though many times curled up in a bunch and doing nothing, but when he moves it is like Arnica, to get off the sore places. Hyoscyamus moves from restlessness. Rhus tox. moves because he aches; he is sore and bruised and the longer he keeps still the more violent is that aching, and so he moves and tosses and lies but a moment; after moving he thinks now he is going to be comfortable, but the soreness soon returns and causes him to move. How does that differ from Arsenicum? Arsenicum has the mental anxiety and it is depicted upon the face. Rhus tox has that also in a less degree, but the anxious restlessness in Rhus is not so severe as are his pains. Arsenicum is mental, Rhus tox is physical. Stramonium moves and moves with the delirium and wildness of his mental state; his anxiety and awful state of frenzy keep him in continuous motion. This then expresses a difference, no two are alike.

But if after long watching the physician sees that the patient lies in one position and desires to be quiet, does not want to move, is not restless, he must study Bry., Cocc., Colch., Hell., Phos. These all lie perfectly still and silent as if dead. Bryonia in a high degree wants to be let alone, does not want to talk, is worse from motion, has a scowl if asked to move, lies there as if tired and dreads to move. Coccus does the same lying on the back, eyes partly open, knows a good deal that is going on, but does not want to be spoken to, with a great state of paralytic prostration. There is a strong key to it, viz., if you talk in his presence about his food, and how we will go about it to feed him, he is nauseated at once; Colchicum has the same state, and it is only by further consideration that we will be able to distinguish between these two remedies. Coccus has more of the paralytic weakness, Colchicum has a characteristic diarrhoea. In Coccus it is the brain that is troubled; we will look in the abdomen for the symptoms of Colchicum. Hellebore also lies still with the head thrown back, the limbs drawn up upon the abdomen, rolling the head in the delirium, but otherwise wants to keep per-

fectly still, and the physician has only to observe a few days to see that there are wrinkles coming in the face and brow showing cerebral disturbance of the gravest character. Or the mental weakness and increasing prostration, with thirst for ice cold water which gurgles through the bowels, will enable you to distinguish that he is needing Phosphorus.

Many patients have carphologia, as it is called, picking at the bed clothes or his lips or at flocks. The remedies having this symptom are Arn., Ars., Cocc., Colch., Hell., Hyos., Lyc., Phos-ac., Phos., Psor., Rhus-t., Stram., Sulph., Zinc. They all make such motions, but if it is observed that he picks his bleeding lips, regardless of the fact that they are raw and sore and bleeding, and he tears off the crusts and still they bleed, and yet he picks them, *Arum triphyllum* is of great importance and must be added to the list, for it has this symptom along with two remedies already included, Phos-ac. and Zincum. If the physician continues to gaze, he observes the stupor. This state of stupor, profound or otherwise, is covered by quite an extensive list of remedies, such as: Arn., Ars., Bapt., Bry., Carb-v., Cocc., Colch., Crot-h., Gels., Hell., Hyos., Lach., Laur., Lyc., Mur-ac., Op., Petr., Ph-ac., Phos., Rhus-t., Sec., Stram., Sulph., Sul-ac., Verat., Zinc. They have varying degrees of prostration and if we had time it would be delightful to go through them all, but I will only mention a few. The peculiar prostration, of *Baptisia* is noticed very early: the patient will be lying upon the right side quite stupid, quite prostrated, hardly able to answer, but usually he can be aroused. Sometimes he will finish what he is saying, but oftener he will not finish the sentence he has begun but will drop back into sleep or stupor, in the midst of it. The stupor of Muriatic acid is especially worthy of consideration, as it comes on gradually and is attended with a great degree of prostration. It comes on late in the progress of the disease, because it succeeds the muscular prostration which we will speak of later. In contradistinction to this Phos-ac. becomes stupid early in the progress of the disease, and from the stupor of mind he progresses toward weakness of body, and hence we observe in Phos-ac. that which is peculiar, viz., copious diarrhoea of a watery character that is often cerebral, and yet there is no evidence of prostration. The

physician wonders how such a copious watery ejection of fluid can be present without prostration; it is a nervous diarrhoea.

If the physician gazes sufficiently long he notices, also, the varying degrees of weakness, manifested by trembling of various muscles and of parts; trembling all over, quivering, jerkings, twitchings, called subsultus tendinum. The trembling early expressed is a strong indication of a severe nervous state quite analogous to Zincum, but if it is primarily of the tongue that the trembling is noticed, and not especially of other parts, it is found under Ars., Gels., Lach., Lyc., Phos., Rhus-t., Secale, Stram., Zinc. In Lachesis the tongue trembles on putting it out, and the sensation of trembling of the tongue in the mouth is also Lachesis. If, when he attempts to talk the lips quiver, that is, the effort at motion makes the lips quiver, we must study Lach., Phos., Stram. and Zinc.

A great degree of weakness is present when the jaw falls down, so that the mouth is wide open, and the tongue shows its bleeding and sordes. This patient will soon show a tendency to slide down in the bed with a great degree of paralytic weakness. For the symptom, jaw hangs down, we find the following: Arn., Ars., Bapt., Carb-v., Colch., Hell., Hyos., Lach., Lyc., Mur-ac., Op., Phos., Secale, Stram., Sulph, Zinc.

The patient's expression will also be observed by the physician. When he sees an expression of anxiety depicted upon his countenance then these remedies come into his mind: Ars., Bapt., Crot-h., Lyc., Nit-ac., Stram., Sul-ac.; but if the patient puts on an appearance as if he had been intoxicated, looking as if he had been on a debauch, he must consult Bapt., Cocc., Gels., Lach., Mur-ac., Op., Stram. If he tries to rouse the patient and get him into conversation he may rouse up perfectly bewildered, and then the physician thinks of Nux-m., Phos-ac., Stram., Zinc. Or he sees that the patient gazes off in one corner in a vacant, fixed look, says nothing, answers no questions. This is like Arn., Cocc., Op., Phos., Stram., Sul-ac. For the idiotic expression seen in some patients he must study Lach., Laur., Lyc., Secale, Stram. The look of a typhoid patient is said to be sometimes very similar to a vacant stare, then it is that Cocc., Phos-ac. and Stram. are to be examined to see if all the rest of the symptoms agree.

As the physician looks into the mouth he sees the gums and the teeth and the tongue, and he finds that brown exuded blood has dried upon the various parts and upon the lips. Sordes are built upon the teeth, containing decomposing blood, and here we find in a high degree the following remedies indicated: Ars., Bapt., Bry., Chin., Gels., Hyos., Mur-ac., Phos-ac., Phos., Rhus-t., Secale, Stram., Sul-ac. If the tongue is more particularly examined, and it is found to be black, and the blood that exudes is particularly black, such remedies as ars., Carb-v., Chin., Hyos., Lach., Lyc., Op., Phos., Secale, Sul-ac. are to be thought of. When the tongue is more brown than black Ars., Bapt., Bry., Carb-v., Chin., Colch., Hyos., Kali-ph., Lach., Lyc., Phos., Rhus-t., Secale, Sulph., Sul-ac. must be examined. The tongue is sometimes very red later on in the stages of typhoid. After it has cleaned off its thick, heavy exudations it becomes very red, sometimes glistening with red sides, sometimes with red tip, but if generally red Ars., Bapt., Colch., Crot-h., Gels., Hyos., Kali-bi., Lach., Lyc., Nit-ac., Phos., Rhus-t. can be thought of; they all have red tongue. Later in the disease after the fever has to great extent subsided, or even though there still be fever, the tongue becomes denuded, is glossy, shiny, looking as if varnished, a glistening tongue, then we must examine Kali-bi., Lach., phos. When there is a very red stripe down the centre of the tongue kali-bi., phos., phos-ac., Verat-v. become useful. When the tongue becomes very red and dry at the tip, Ars., Lach., Lyc., nit-ac., Rhus-t., sul-ac. become very important. Perhaps you may have noticed in these zymotic states that the tongue is generally dark brown or red, very seldom white or yellow; the yellow tongue belongs more to bilious or remittent fever. The tongue is generally dark, and in the more violent forms of the disease, blackish or brown. With the very heavily coated dark tongue, where these exudations pile up the following remedies will be found useful: Arn., Ars., Bapt., Bry., carb-v., cocc., Kali-bi., Lach., mur-ac., Nit-ac., Phos., phos-ac., rhus-t., secale. In very low forms of advanced typhoid with a great degree of prostration after the fever has somewhat subsided leaving a state of tremulous prostration, the tongue becomes cold and it is said often by the patient that the tongue feels cold;

it is then that such remedies as the following must be examined: Carb-v., laur., Verat., zinc. When it feels cold to the touch of the physician, ars., Carb-v., colch., laur., Phos-ac., Verat., zinc. are the remedies. Then again the tongue becomes cracked, bleeds and is raw; oozing of blood appears about the mouth, about the tongue, and upon the lips; for this bleeding, cracked appearance of the tongue, the following remedies must be examined: Ars., arum-t., Bapt., Carb-v., Chin., Crot-h., Hyos., Kali bi., Lach., Lyc., Mur-ac., Nit-ac., Phos., Rhus-t.

In some cases of typhoid, either early or later in the disease, the tongue is as dry as chips, as dry as leather, dark brown or very black and it is tough like leather or wood. The patient has almost no use of it. This is found in the following remedies: Ars., Arum-t., Bapt., Bry., Carb-v., Chin., Cocc., Hell., Hyos., Kali-bi., Lach., lyc, Mur-ac., Nit-ac., Nux-m., Phos., Phos-ac., Rhus-t., Secale, Sul-ac., verat. If particularly the centre is dry as a board and withered, and upon the sides it is moist, looking more like a tongue, we think of Bapt., Crot-h., Lach., Phos., Stram., Sul-ac.

The physician then brings in his nose for the further consideration of his patient. The putrid odors from the mouth that the physician observes, call especially for Arn, Ars., Arum-t., Bapt., bry., Carb-v., Crot-h., Kali-bi., Lach., Lyc., mur-ac., Nit-ac., Phos., Rhus-t., secale, stram.

In this way we consider what has been observed by the physician himself throughout the entire body and appearance of the patient, and next we proceed to examine what the nurse has to say concerning this patient. The physician cannot examine all of the passages from the bowels and bladder, and he must rely upon what the nurse can relate concerning the things that take place during his absence; these, of course, are very numerous, but a few general things can be talked about. The diarrhœa, when it is of a nondescript character or a mere typhoid diarrhœa, coming as a pathognomonic part of the disease, is not a very important feature, but at times it becomes very severe, very exhaustive, and then the time of the aggravation must be considered. Some have the diarrhœa only at night, like China; some have it in the day time only, like Petroleum; some have it day and night, and of

these exhaustive diarrhœas, the feature which is of most importance is the involuntary nature. Involuntary diarrhœa is found under Arn., ars., bapt., bry., Carb-v., colch., Crot-h., gels., hell., Hyos., Lach., laur., Mur-ac., Op., Phos., Phos-ac., Rhus-t., Secale, sul-ac., Verat. Quite a list to be examined, but the physician must examine well all of these. Sometimes we have a still greater degree of prostration in which there is involuntary discharge of both stool and urine, taking place simultaneously, and then Arn., Ars. carb-v., colch., Hyos., Laur., Mur-ac., Phos-ac., Phos., rhus-t., secale, stram., must all be looked into. Copious flow of blood with the stool, hemorrhage from the bowels, will require an examination of the following remedies: arn., ars., Carb-v., Chin., Colch., Crot-h., kali-bi., Lach., lyc., Mur-ac., Nit-ac., Phos., Rhus-t., secale, Sul-ac.

The nurse further relates in her description of the stool that it is very putrid, that it is cadaveric, like dead things, like stinking meat, horribly offensive. It is an unnecessary individualization in this typhoid state to go into the fine differences of the odor, because it is often only a difference in the nose to measure an odor. Putrid stools would call to mind Ars., Bapt., Carb-v., Crot-h., Lach., etc.

The very copious, thin, exhaustive stools often require such remedies as Phos-ac., Phos., Secale, Verat.

Then we notice another state, which is commonly worse in the night and may be observed also at times when the fever is at its highest, or when the patient is unconscious, viz., twitchings. He twitches and jerks; sometimes it is so marked that it is like a chorea, when it becomes like Agaricus, but when only in the finer muscles, ars., carb-v., cocc., colch., crot-h., Hyos., Lach., mur-ac., Phos., psor., Rhus-t., Stram., sul ac., Zinc. become the remedies.

When the prostration becomes so marked that the patient slides down in the bed until his head is perfectly level with the body, right off from the pillow, it is then that the following remedies must be examined: Ars., carb-v. mosch., Mur-ac., Nit-ac., nux-m., phos., phos-ac., rhus-t.

The mental symptoms are often of the greatest importance. Little particulars come out sometimes in mental symptoms that

lead you to think of a remedy, not to give the remedy because of the keynote, but to sit down and meditate upon it for a few minutes, to ascertain whether or not it fits the whole case, whether the remedy that is calling attention to itself has all the rest of the symptoms. The mental symptoms are of great value, especially when the patient is in a state of semi-consciousness, when he is going down into a state of prostration. There are changes in his mind, in his manner of speech, and answering questions. If he looks as if he could answer correctly but does not, then such remedies as carb v., Hyos., phos-ac., Phos. must be studied. When his answers do not fit the question, when they are irrelevant, when he answers a question that has not been asked, then carb-v., Hyos., Nux-m., phos-ac., sul-ac. will be the remedies to consider. When he lies and looks at the physician but does not answer the question, he looks as if he could answer, but never says a word, Arn., Hell., Hyos., nux-m., Phos., Phos-ac., stram. must be thought of. He lies and looks into the physician's face and reflects a long time, and finally answers with great difficulty, it seems that he cannot get his mind to compass the idea, and he answers slowly, cocc., Hell., Nux-m., Phos-ac., must be considered. In a general way, those having slow answers and slow speech, as if meditating before answering (the semi-conscious state), are ars., Carb-v., Cocc., Hell., Nux-m., Phos., Phos-ac., Rhus-t. He answers correctly, but soon returns to a marked state of stupor, is found especially under arn., bapt., Hyos.

Again, his mental state becomes more active, and he takes on delirium and rage, but more particularly wants to run away, wants to escape, wants to get out of the window, the following remedies must be examined: Ars., bapt., Bry., Cocc., hell., Hyos., lach., phos., rhus-t., Stram., zinc. There is sometimes one reason, and sometimes another, for his wanting to get up and escape. When the patient thinks he is away from home and wants to get up and get out of the window and go home, Bry., hyos., Lach., op., rhus t., verat. must be thought of. If in his hallucinations the most frightful rage is observed, when he strikes, bites, cuts, seeks to kill, do mischief, destructive rage, Carb-v., Hyos., laur., Lyc., op., Phos., phos-ac., rhus-t., Stram. come in for a share of consideration. If on closing the eyes he screams out as if he saw horrible visions, Bry., hell., Lach., stram. are to be considered. Raving wild delirium, is often best covered by Hyos., Lyc., Nit-ac., Op., phos., Secale, Stram., sul-ac., Verat.

GUSTAV WILHELM GROSS.

Rummel, his friend and fellow-worker, after his death thus wrote of him :

Gustav Wilhelm Gross was born at Kaltenborn, near Jaterbogk, September 6, 1794. After receiving his first instruction in the home of his parents he attended from 1809 to Michaelmas 1813 the gymnasium at Naumburg, and went in 1814 to Leipsic, where he applied himself to medical studies. It was here that he became intimately acquainted with Hahnemann. To his close acquaintanceship and confidential intercourse with the founder of Homœopathy is due the fact that he then already belonged to those investigators who, under the eye and special guidance of the master, were helping to furnish the materials for building up the true system of healing, and in fact he began his experiments with *Chamomilla*. He saw the infancy of Homœopathy, grew up with it, and observed many of the effects of its medicines upon himself; and all this combined with his unusual faculty of observation helped him to find his way in the wilderness of symptoms before they perplexed his powers of mind by their vast number. He left Leipsic in the fall of 1816 and won for himself on January 6, 1817, the degree of doctor of medicine in the University of Halle. In the spring of the same year he was practicing as a homœopathic physician in Jaterbogk. He had to contend with many cares and privations for a number of years, since his means were very limited, and the newness of the homœopathic method of healing roused many opponents; for his continued testing of medicines on his own person, which he did not disguise, led people to believe that he was really making only experiments with his sick people also. His success, however, as a physician gradually procured him an extensive practice in a wide field of operation. His extensive practice did not prevent him from being busy with his pen. Already in 1822 he was an industrious collaborator and the founder of the *Archiv für die homœopathische Heilkunst*, which was published by Stapf. He began editing the *Archiv* in its 16th volume (1837), and worked then as before in connection with Stapf. Besides provings of medicines and clinical articles he con-

tributed many solid essays and important critical works. Among these was his criticism of Prof. Heinroth's "Anti-Organon" in 1826, which is characterized by great compass and depth of thought.

In 1832 he consented to become associate editor, with Hartman and me (Rummel), of the *Allgemeine homöopathische Zeitung*, and faithfully and diligently aided the undertaking until the 31st volume, when death called him away. Homœopathy furnished me with the friendship of Stapf, and through him I became acquainted with Hahnemann and also with Gross, who favored me with his cordial friendship. We three saw each other frequently, especially in Hahnemann's house at Cöthen. There I learned to appreciate more and more the eminent worth of Gross as a man, friend and physician.

On first becoming acquainted with him one might have thought him to be of a phlegmatic nature, for he seemed somewhat cold and but little sympathetic; but when an idea reigned in his mind his rather sleepy features became animated and he gave utterance with ready tongue and in eloquent language to his enthusiastic thoughts. He was the very opposite of a charlatan, for he was earnest and truthful, and one could readily read his inmost thoughts. He won the full confidence of his patients, not by his outward appearance, but rather by his kindly nature and active benevolence. He was so thoroughly convinced of the truth and superiority of Homœopathy that he followed unswervingly the teachings of its founder, and so Hahnemann loved him dearly and esteemed him highly.

The Silesian Union of Physicians, the Free Union of Leipsic, and the homœopathic societies of Paris, Palermo and Madrid elected him an honorary member. The government, too, acknowledged his services and appointed him a member of the Chief Examining Board of Homœopathic Physicians.

Suffering from an enlarged liver, accompanied by dropsy and oppression of the chest, in order to recuperate as much as possible, he went to live with his son-in-law in Klebitz, and it was here an easy and peaceful death suddenly overtook him on the morning of Sept. 18, 1847.

Hartmann, who was a fellow student, says: Gross was a friend most valued by us all, and my intimacy with him continued till

his premature death. Hahnemann justly considered him one of his best pupils, for Gross was, in truth, during the whole course of his practice the most zealous homoeopathist possible. He never swerved from the course pointed out and earnestly contended for the cardinal points of the master's doctrine. Notwithstanding his sickly appearance, Gross never suffered from any disease while I knew him, hence Hahnemann did not hesitate to accept him as a member of the Provers' Union. He was the most skillful prover of us all and the symptoms observed by him have a great practical value. Indeed I place them with Franz and Stapf on an equality with Hahnemann's.

Rapou says of him: Gross was one of the converts that Hahnemann made during his course at Leipzig. He came a little after Stapf, and is after him the eldest of the homoeopathic physicians. These two men adhered more strictly to the principles of Homoeopathy than did many others. To Gross is due the honor of introducing into our method the employment of mineral waters. He wrote a book upon the Teplitz waters and also made a study of the Karlsbad Springs. He completed a study of the Karlsbad waters in 1843 with a pathogenesis of 185 symptoms obtained from three bathers, one of whom was a lady afflicted with a very light complaint, so that the toxic effects of the waters were produced in all their purity. Gross employs exclusively the high dilutions and sometimes goes as high as the 2000th.

Stapf says that Gross was at first destined for the clerical profession, and was sent to the cathedral school at Naumburg, where he soon distinguished himself in the study of the dead languages, especially Hebrew. While there he caught the scabies, to the improper treatment of which he was wont to ascribe his delicate state of health in after life. He was induced to consult Hahnemann in 1815 and soon became one of his most earnest disciples. In the latter years of his life his practice averaged about 3,000 patients per annum, whose cases he always registered in the most careful manner. In 1827 Hahnemann invited Stapf and Gross to visit him and communicated to them the most important part of his discoveries relative to the treatment of chronic diseases. Owing to his wretched health Gross was not at all calculated to impress one favorably at first sight, but a short intercourse with him soon revealed the richness of mind and the nobility of disposition concealed beneath the forbidding exterior. He was esteemed and loved by all who knew him. His character was open, true hearted, truthful and honest.—[Extracted from Bradford's *Pioneers of Homoeopathy*.]

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DEPARTMENT OF MATERIA MEDICA.

HEPAR SULPH.

Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.*

The Hepar patient is *chilly*. He is sensitive to the cold and wants an unusual amount of clothing when going into the open air. He wants the sleeping room very warm and can endure intense heat in the room, many degrees warmer than a healthy person ordinarily desires. He has no endurance in the cold and all his complaints are made worse in the cold. If he becomes cold in sleep his complaints come on; or if he is out in the cold, dry wind, complaints come on; inflammations or rheumatic complaints appear. This is a general state, but there is an exception in relation to the head. The head is sometimes hot during pain, and is relieved from cold and in the open air. The headaches that are brought on from an exposure to the open air are relieved from cold air, applications of cold, or the cold hand.

This patient is also *oversensitive* to impressions, to surroundings and to pain. What with an ordinary person would only be an ache or disagreeable sensation becomes with Hepar an intense suffering. But the pains of Hepar may be very severe, very sharp. Inflamed spots, eruptions, boils or suppurations are full of sharp pains. This is so intense that it is described at times as a sticking and *jagging like sharp sticks*. The pains in ulcers

* Stenographically reported by Dr. S. Mary Ives.

are often felt like sticks; intense and sharp as if sticks were jagging the ulcer. This sensation is often expressed by the patient suffering from sore throat. He feels as if he had swallowed a fish bone or stick. This is in keeping with the general character, because it is present everywhere, in inflammations, ulcers, pustules, boils and eruptions; all seem to have sticks in them or something jagging. Eruptions are *sensitive to touch*. This accords with the over-sensitiveness of the nerves found everywhere in Hepar. The Hepar patient often faints with the pain, even from slight pain.

This remedy belongs to patients that are called delicate, that are oversensitive to all sorts of impressions. The *mind* takes part in this oversensitiveness and manifests itself by a state of extreme irritability. Every little thing that disturbs the patient makes him intensely angry and abusive and impulsive. The impulses will overwhelm him and make him wish to kill his best friend in an instant. Impulses also that are without cause sometimes crop out in Hepar. A man may have a sudden impulse to stab his friend. A barber has an impulse to cut the throat of his patron while in the chair. Mothers may have an impulse to throw the child into the fire or an impulse to set herself on fire; an impulse to do violence and to destroy. These symptoms increase to insanity and then the impulses are often carried out. It becomes a mania to set fire to things. There is a mania of that sort in Hepar.

The patient is quarrelsome, hard to get along with; nothing pleases; everybody disturbs; oversensitiveness as to persons, as to people and as to places. He desires a constant change of persons and things and surroundings and each new surrounding or person or thing again displeases and makes him irritable. With this irritability of temper and physical irritability there is a tendency to suppuration in parts. Localized inflammations incline to suppurate, especially in glands and cellular tissue do we have suppuration and ulcers. The glands of the neck, axilla and groin and the mammary glands swell, become hard to suppurate. First the hard swellings with the feeling as if they had sticks jagging in them, then it becomes highly inflamed and red over the part and ultimately it breaks down and suppurates, discharges and heals

slowly. The bone even suppurates and takes on necrosis and caries. Felons around the root of the nail and the ends of the fingers. The nail suppurates and loosens and comes off. Sensation of splinters under the nails, even when they do not suppurate. The nails become hard and brittle. Warts crack open and bleed, sting and burn and suppurate. Hepar is especially useful in felons in such a constitution as I have described, but sometimes you will have nothing more than the fact that the patient is a scrawny, chilly patient, who is always taking cold and subject to felons. I have often had to give Hepar on no better information and known it to stop the tendency to felons. It also competes with Silica and Silica follows it well. *

The patient is often scrawny, and has a tendency to enlargement of the glands. The lymphatic glands are generally hard and enlarged. They are chronically enlarged without suppuration, and at any cold that comes on some particular gland may suppurate.

The catarrhal state is general. There is no mucous membrane exempt, but especially do we have catarrh of the nose, ears, throat and larynx. The Hepar patient is subject to coryza. In some instances the colds settle in the nose and then there will be much discharge from the nose, with sneezing every time he goes into a cold, dry wind. The cold winds bring on sneezing and running from the nose, first of a watery character and finally ending up in a thick, yellow, offensive discharge. These offensive discharges smell like decomposed cheese, and this characteristic runs through the remedy. The discharges from all parts of the body smell like old cheese. The discharges from ulcers are offensive, and have a decomposed, cheesy smell. It has discharges running through it also that smell sour, and this is also a general because it modifies all things that can be sour. The discharges from the nose at times smell sour. The babies are always sour in spite of much washing. Or it may be noticed by the members of the family that one of the family always smells sour, has a sour perspiration. The discharges from ulcers are sour, and also discharges from mucous membranes. This is a general. The discharge from the nose becomes copious, and causes ulceration in patches. The throat has a catarrhal condition; the whole pharynx is in a catarrhal state with copious discharge. Throat extremely

sensitive to touch; pain as if full of splinters; pain on swallowing. The larynx also is painful on talking; painful as a bolus of food goes down behind the larynx, and painful to touch with the hand. There is a loss of voice, and a dry, hoarse bark in adults, especially in the mornings and evenings. Every time he goes out in the dry, cold wind, he becomes hoarse, loses the voice and gets a cough. It is a dry, hoarse, barking cough. Inspiration of cold air will increase the cough, and putting the hand out of the bed will increase the pain in the larynx or cough. Putting the hand or foot out of bed is a general aggravation of all the complaints of Hepar. Putting the hand out of bed accidentally when sleeping will bring on the cough, and set him to sneezing. He must keep covered up in every way. The larynx has its catarrhal state, and in over-sensitive children this catarrhal state becomes a croup. Sensitive children that are exposed during the day time in a cold, dry wind, or cold air, come down next morning with a violent attack of croup. The Hepar croup is worse in the morning and in the evening. Sometimes cases that at first call for *Aconite* run into Hepar. The *Acon.* croup comes on with great violence, worse in the evening before midnight. The child wakes up from its first sleep with a hoarse, barking croup. A dose of *Aconite* may bring him around and prove entirely sufficient; or it may be only a palliative. The child goes to sleep and along towards morning, or at least sometime after midnight, there is another attack, which shows that *Acon.* was not sufficient to cope with the case, as shown from its morning aggravation. Such a case will be controlled by Hepar. When the croup comes on after midnight and the child wakes up frightened, suffocating, rouses up in bed with a dry, hoarse and ringing cough, which rings like a dry whoop, then *Spongia* will nearly always be the remedy, and again if *Spongia* palliates it and it is not sufficiently deep and there is a morning aggravation which shows that the trouble is returning Hepar again comes in and follows up. *Acon.*, Hepar and *Spongia* are closely related to each other and they are truly great croup remedies.

The catarrhal state is sometimes lower down in the trachea, and the trachea becomes extremely sore from much coughing. The patient has been coughing days and weeks and has the morning

and evening aggravations; a rattling barking cough with great soreness of the chest in an over-sensitive and chilly patient. The cough is attended with choking and gagging, even to vomiting; it is worse in the cold air, and from putting the hand out of bed. He coughs and he sweats. There is much sweating the whole night, without any relief to his troubles. Sweating all night without relief belongs to a great many complaints of Hepar. He sweats easily, so that with the cough and on the slightest exertion he is fairly drenched with perspiration.

It has catarrhal affections of the ear. A sudden inflammation comes on in the middle ear, an abscess forms, the drum of the ear ruptures and there is a bloody discharge and jagging, sticking, tearing pains in the inflamed ear. There is first a sensation of stopping up of the ear, then bursting and pressure in the ear, and then destruction of the drum. There is also an inflammatory condition causing a discharge that is foetid, or a bloody, yellow purulent discharge, thick, with cheesy particles and smelling like old cheese.

Hepar sometimes is bad on the oculist. When it is indicated, it cures up eyes very quickly, so that the oculist does not have a very long job and it does away with the necessity for washes in the hands of the specialist. From the eyes we have the same offensive thick, purulent discharge. Inflammation of the eyes attended with little ulcers. Ulcers of the cornea, granulations, bloody, offensive discharge from the eyes. The eyes look red, the lids are inflamed, the edges are turned out and the margin of the lids become ulcerated. In all sorts of so-called scrofulous affections, the eye conditions may be covered by Hepar when the constitutional state is present. The constitutional state of the patient is the only guide to the remedy. Many times the eye symptoms are nondescript. You have only an inflamed eye with catarrhal discharge, and for this you could give a large number of the anti-psorics; but when you go into the state of the patient and find all these symptoms, or a state in general, then this remedy will cure. The general symptoms will guide you to the remedy that will cure the eyes. You will be able thus to see that the specialist for the eyes is often limited unless he has access to the family physician.

There are other catarrhal conditions. Catarrh of the bladder, with purulent discharges in the urine and copious quantities of muco-purulent deposits. Ulcers of the bladder. The walls of the bladder become hardened, so that after a while it has almost no power to expel its contents, and the urine passes in a slow stream or in drops, or in the male the stream falls down perpendicularly. No ability to expel the urine with force. It is a paresis. There is burning in the bladder and frequent, almost constant urging to urinate. It has also a catarrhal state of the urethra that resembles gonorrhœa, and it has been a very useful remedy in chilly patients with gleety discharge of long standing. Thick discharge of a white, cheesy character. Ulcers and little inflammatory spots along the urethra. There is a sticking sensation here and there along the urethra and when passing urine a sensation of a splinter in the urethra. Copious leucorrhœa with the same offensive, cheesy smell. She smells herself all the time, and it becomes an extreme annoyance. The leucorrhœa is so copious that she is compelled to wear a cloth as in menstruation, and the napkins, I have been told by women who have been cured by Hepar, are so offensive that they must be taken away and washed at once because the odor permeates the rooms. This horribly offensive odor that is so penetrating in the air and in the room is very often covered and cured by *Kali phos*. It has really one of the most penetrating of odors, so much so that when a woman suffers from this leucorrhœa the odor can be detected when she enters the room.

A very important sphere for Hepar is after mercurialization. Many old people are walking the street at the present day who have been the victims of Calomel, who have been salivated, who have taken blue pill for recurrent bilious spells, to tap the liver, until finally they get into a state of chilliness felt, as it were, in the bone. They sweat much about the head, they ache in the bones, and every change of weather to cold and every cold, damp spell affects them. They are like barometers. Hepar is one of the antidotes to that state, as the symptoms very often look like those of Hepar. They go into diseases of the bone easily and are always shivering. While they have periods of aggravation from warmth, as a general rule they are chilly subjects, and feel the

cold easily. In the more acute affections of Mercury there is an aggravation from the warmth of the bed, but the old subjects who have been years ago poisoned with it get almost bloodless, and they become chilly; they cannot get clothing enough to keep them warm. They become withered and shrivelled, and have rheumatic affections about the joint. Then it is that the symptoms of Hepar agree and it becomes a valuable antidote to that state of mercurialization. Hepar is also a complement and antidote to potentized *Mercury*. When *Merc.* has been administered and has done all it can do as a curative remedy, or when it has acted improperly and has somewhat mixed up the case and it is necessary to follow it with the natural complement or antidote and prepare for another series, Hepar is to be thought of as one of the natural followers of *Merc.* It is well known to old physicians that *Merc.* is not followed well by *Silica*. *Sil.* does not do useful work when there are some of the activities of *Merc.* remaining in the system. This is the time that Hep. becomes an intercurrent remedy. *Sil.* follows well after Hepar, and Hepar follows well after *Merc.* and thus Hepar becomes an intercurrent in that series of medicines.

Now, in old syphilitic cases when the symptoms agree Hepar is a very full and complete antisymphilitic. It corresponds to the majority of symptoms of syphilis, and it only needs to correspond to the symptoms of the individual patient when he is syphilitic to be indicated. Thus in old cases who have been mercurialized, who have had the symptoms suppressed so that the disease is latent and ready to crop out at any time, Hepar will come in and have a decided effect upon the syphilis and upon the mercury. It will straighten matters out and cause a development that will lead to clear prescribing. In this relationship to syphilis and mercury Hepar is closely allied to *Staph.*, *Asaf.*, *Nit. acid*, *Sulph.*, *Sil.*, etc. Especially is Hep. the remedy in those cases of syphilis where great quantities of mercury have been taken, until it is no longer able to suppress the symptoms of the disease; in old cases when the syphilitic miasm attacks the bones of the nose and they sink in, or a great ulceration takes place; those cases you sometimes see walking around the street, with a big patch over the nose or over the opening that leads right down into the nasal cavity. When there is severe pain in the region of the

nasal bones, the bridge of the nose is so sensitive that it cannot be touched and in the root of the nose there is a sensation as if a big splinter were sticking in. For offensive discharge from the nose, foetid ozœna in an old case, which has been mercurialized, who is chilly in his very bones, think of Hepar. It has cured many such cases; it has healed up the ulcers; it has cured the catarrhal state, and it has hastened the healing up of the portions of diseased bone by hastening the suppuration and has returned the patient to an orderly state. Such a man cannot have very much comfort in the world, but Hep. will give him as much as he can have.

As we go into the syphilitic affections that lead down into the throat, we find ulcers of the soft palate which eat away the uvula, small ulcers which finally unite and destroy all the soft palate and then commence to work upon the osseous portion of the roof of the mouth. The odor that comes from that mouth when it is opened to show the throat, is extremely foetid and offensive; very often like spoiled cheese. The medicines that are especially related, or especially useful in this form of ulceration in old syphilis, will be *Kali bi.*, *Lach.*, *Mer. cor.*, *Merc.* and *Hep.*, but in those syphilitic cases that have been mercurialized Hepar and *Nitric acid* should be thought of. *Nitric acid* is very closely related to Hep.; it is just as chilly; it has the sensation of sticks in the throat and in inflamed parts. It has fine ulcers in the throat, upon the tonsils and in the larynx. *Nitric acid* competes with Hepar. You think of the two together. Both have sensation of a fish bone or stick, so that the patient looks in the glass and examines and feels to see if he cannot find a fish bone in the throat.

The cartilages of the larynx become attacked in syphilitic affections and old mercurial affections. When the case is not of syphilitic origin but is of sycotic origin, small or large white gelatinous polypi form in the larynx and they are sore, causing loss of voice, or cracked voice; when they cause choking or uneasiness, Hep. is one of the remedies. Hep., *Calc.*, *Arg. nit.* and *Nit. ac.* and sometimes *Thuja* are the remedies related to such things.

Again, in the earlier syphilitic manifestations, the chancre has the feeling of a stick in it; then comes the formation of a bubo that may be either non-suppurative or a suppurating gland, asso-

ciated with a chancre or a harmless ulcer upon the penis. These conditions are often indications for Hepar, when the constitutional state is present. Hepar has also sycotic warts. It is useful in old, painless cases of gleet; also when there is a sensation of a splinter in the urethra. In strictures and constrictions of inflammatory character during the inflammation there is a tendency to ulcerate, and with this the sensation of a stick is felt. *Arg. nit.*, *Nit. ac.* and Hepar run close together for this kind of inflammation, and will cure the inflammatory stricture before it becomes a complete and permanent fibrinous stricture. It is only very rarely that you will be able with your medicines to cure a stricture after it has taken on permanency, after it is many years old, but as long as the inflammation keeps up there is hope. I remember one very old one that was cured by *Sepia*. I did not know at first of its presence, but prescribed *Sepia* on the symptoms of the case, and the patient came back with great suffering in the urethra, and then confessed to me that he had had gonorrhœa and had been troubled for years with a stricture. That inflammation was aroused anew and after it ran its course it really left the passage clear and there was never any more trouble with the stricture. That was a very unusual result. I have many times prescribed for patients with the utmost endeavors to do the same thing, and have cured the patient in other respects, but the stricture would remain. Remember then that Hepar has fig warts, chronic sycotic discharges, or chronic gonorrhœa, offensive, cheesy, discharges, the sensation of sticks in the urethra, inflammatory stricture, which will be associated at times with difficulty in passing urine, to the extent that there is a weakness of the bladder and the urine falls perpendicularly.

Hepar has served a valuable purpose in its ability to establish suppuration around foreign bodies. For instance, a foreign body is under the skin or is somewhere unknown. Perhaps it is the tip end of a projectile after the projectile itself has been taken away, or under the nail a splinter is forming a suppuration. It is so small that it is hardly observed and it is supposed often that the splinter has been entirely removed, but an inflammatory condition starts up. Hepar if indicated by the general symptoms of the patient hastens the suppuration and heals up the finger, for it

has all such things. *Silica* is another remedy capable of establishing inflammation and suppuration and removes little foreign bodies that cannot be located. Of course it is understood that if the physician knows the location of a splinter, he will take such steps as are necessary to remove it, and not wait for the action of a remedy. But at times a needle point breaks off against the bone of the finger of a seamstress, or small portions of the needle may exist where they cannot be found without an immense amount of slashing which the patient refuses. Hepar or *Silica* will remove it. A little abscess will form, and the little mite will be discharged. Now, knowing that these two remedies have this tendency to establish a suppuration wherever there are foreign bodies, it is well to be reminded that if a bullet were encysted in the lungs it would be well, if the symptoms called for Hepar or *Silica*, to consider whether it might not be injurious to give a remedy that would establish a suppuration. It might be that the bullet is resting in a vital place, in a net-work of arteries, and it would be well not to establish suppuration in this vital region. Deposits of a tubercular character are often located in a place that they can easily be suppurated out, and the action of the remedy on them would be the same as a foreign body. Hence it is that Hepar, after its administration, will very often establish a crop of boils all over the economy because in the skin there are small accumulations of sebaceous matter and these will be suppurated out. Sulphur also does this, so that it may be well to be careful and not give *Silica* or *Sulphur*, or Hepar too often, or too high, in patients that have encysted tubercle in the lungs. Rokitsansky in his numerous post-mortems found a large number of encysted caseous deposits in the lungs, in cases that had lived and outgrown these troubles; they had become encysted and therefore perfectly safe and the patient had died of something else. It might be dangerous to administer these medicines that have a tendency to cause suppuration in such, and you should at least proceed cautiously in using them. After you have seen a great many cases you will find you have killed some of them. If our medicines were not powerful enough to kill folks, they would not be powerful enough to cure sick folks. It is well for you to realize that you are dealing with razors when dealing with high potencies. I would

rather be in a room with a dozen negroes slashing with razors than in the hands of an ignorant prescriber of high potencies. They are means of tremendous harm, as well as of tremendous good.

In contrast with Hepar, (although Hepar is a form of *Calcarea*) *Calc. carb.* has no such tearing down nature in it. It does not establish an inflammation around foreign bodies and tend to suppurate them out but causes a fibrous deposit around bullets and other foreign substances in the flesh. It causes tubercular deposits to become caseous and to harden and contract and become encysted.

Many excellent homœopathic physicians have said to me, "I do not agree with you as to the danger of *Sulphur* in phthisical cases. I have cured cases of phthisis with *Sulphur*." So have I, lots of them. But I did not refer to curable cases but to those cases which are well developed and have grave symptoms. It is well to know all the elements in the case; then if you have administered a remedy and killed your patient, you know at least what you have done. It is a good deal better to know what you have done if you have killed your patient, than to be ignorant of it and go on and kill some more in the same way. An ignorant fellow handling the sick man is a dangerous man, but the one who realizes what is taking place and knows that what follows was a result of the medicine is likely to be successful in future cases. If he thinks that these cases he has prescribed for die a natural death and that his powders are simply harmless little things which won't hurt babies, he is a most dangerous man to have in a sick room.

Out of this great pathogenesis you can gather several weeks of good study. The remedy ought to be carefully studied in relation to its fever, but there is not time this morning.

AGARICUS MUSCARIUS.

The most striking things running through this medicine are twitchings and tremblings; jerkings of all the muscles and trembling of the limbs; quivering and tremors. Everywhere these two features are present, in all parts of the body and limbs. The

twitching of the muscle becomes so extensive that it is a well-developed case of chorea. It has in its nature all that is found in chorea and has cured many cases of chorea. All jerks and twitchings subside during sleep. Throughout the body there is a sensation of creeping and crawling. It is hardly confined to the skin, it is felt as if in the flesh. A sensation as if of ants. Itching of the skin all over which changes place from scratching. No place is exempt from this. There are strange sensations upon the skin here and there, or in parts; cold sensations; sensation of cold needles and of hot needles; stings and burnings where the circulation is feeble, about the ears, nose, back of hands and fingers and toes; red spots with itching and burning as if frostbitten. It has cured chilblains and is a great remedy for chilblains. The patient is extremely nervous, and sensitive to cold. Itching, pricking, tingling, etc., come on from mental exertion and are relieved from physical exertion. All the symptoms of *Agaricus* are also aggravated after sexual intercourse. There are depressing effects from sexual intercourse especially in the symptoms of the spinal cord. It is useful for the symptoms which come on after coition in young nervous married women; hysterical fainting after coition.

The mental symptoms are such as you would expect. Great changeability, irritability, mental depression and complaints which come on from over-exertion of the mind, and prolonged study. The brain seems to be developed tardily. Children are late in learning to talk and walk, thus combining the features of two remedies, *Natrum muriaticum* which has the symptom "late learning to talk" and *Calcarea carb.* which has the symptom "late learning to walk." It will be noticed in *Calcarea* that this is due to a defect in the bone and weakness. In *Agaricus* it is a mental defect, a slow developing of the mind, in children with twitching and easy fainting; in nervous girls prior to puberty who have convulsions from being scolded, from excitement and shock; late in mental development. Children who cannot remember, make mistakes and are slow in learning. Nervous patients who on going over their manuscripts find out their mistakes in writing and spelling. The condition of the mind is one in which they are slow to grasp ideas; wrong words float in kaleidoscopically. When we

read in the book, "The whole psychological sphere as if paralyzed," we must read between the lines. The whole mind and sensorium seem paralyzed; the patient is sluggish and stupid, and at times seems to be delirious; there is confusion of the mind so nearly like delirium that it is not unlike intoxication. A delirium such as is produced by alcohol. He also becomes silly, says foolish and silly things, sings and whistles at an inopportune time, makes prophecies; or he lapses into an opposite state, and becomes indifferent to his surroundings. One who is mild and placid becomes self-willed, obstinate and conceited.

There is difficulty in coördinating the movements of the muscles of the body. Incoördination of the brain and spinal cord. Clumsy motions of the fingers and hands so that in handling things she drops them. Fingers fly open spasmodically while holding things. You will sometimes cure Bridget in the kitchen with Agaricus or *Apis* when the trouble is that she is continually breaking the dishes by letting them fall, but these two remedies are opposites; Agaricus is always chilly and must stay near the fire, while in *Apis* she wants to get out of the kitchen. The awkwardness, clumsiness, etc., is both mental and bodily. Every sort of change is rung on the patient and the doctor. At times the patient is awkward, stupid and clumsy, at other times he is quick and poetical and can run off poetry without effort, *especially at night*. In the morning he is tired and sluggish, and is generally worse all over, and this may last till noon. The mental symptoms are worse in the morning and are relieved towards evening.

There is vertigo when walking in the open air. On undertaking to do something he does the opposite. Vertigo and confusion of the mind are mixed up. It is a common feature for the headaches of this remedy to be associated with the spinal symptoms, the quiverings and jerking. Headaches in spinal patients. Pain as though sharp ice touched the head, or as if from cold needles. That is a general; we find it in other parts. Pain in the head as if from a nail. Coldness in the head. In the scalp there are all kinds of queer sensations. One sensation that runs all through the body is itching, although no eruption is visible; he can't let it alone, and after scratching there is the sensation of icy coldness in the part or as if the wind were blowing on it. Itching of the scalp

especially in the morning on rising. Eczema with crusts and other marked eruption of the scalp. The head is in constant motion as in chorea.

Besides the spasmodic twitchings and jerkings you will observe this about the Agaricus eyes: as the patient looks at you there is a pendulum action of the eyes, they go backward and forward all the time; they oscillate though he tries his best to fix them in looking at you. This stops only during sleep. A few other remedies have cured this eye symptom, *Cicuta*, *Arsenicum*, *Sulphur* and *Pulsatilla*, but Agaricus produces and cures it. Agaricus has every conceivable deception in colors and in vision. He reads with difficulty and sees things double, objects seem to be where they are not. Black flies, black motes, and flickerings appear before the eyes. Sensation as of a mist or cobweb before the eyes. Muscular weakness of the eyes and irregularity of the motions of the eyes; pupils dilated or contracted.

Redness and burning of the ears as if they had been frostbitten, with the same itching and tingling as found in the remedy in general.

Dullness of hearing and acute hearing. All remedies have a primary and a secondary action, but this is different here. In the morning he is dull of hearing, dumb, sluggish, stupid and tired, but when evening comes he brightens up, becomes brilliant, excited, poetical and prophetic, wants to set up late at night and play games, and then the hearing is acute.

Nosebleed in the morning and the blood is thick, black and will hardly drop. Profuse fetid discharge from the nose. Agaricus will cure the most inveterate chronic catarrhs with dryness and crusts in tubercular constitutions, so deep seated is it. The nose is red as if frostbitten. It is as good as *Ledum* and *Lachesis* for the red-tipped nose in old drunkards.

Face. From what we have already seen we expect twitching of the muscles of the face, choreic spasms, paralytic weakness, and itching, redness and burning as if frostbitten, because these are general features, and just as we expect we see these things in the text. Expressions as of idiocy. Now notice this: some patients when going on with their own usual vocation are pretty smart, but if you put some new idea before them, something not

in the routine of their work, they are perfectly idiotic. In *Agaricus* this is especially noticeable in the morning, but he is able to take in new ideas and is bright in the evening, a condition like the effect produced by tea and coffee and alcoholic beverages. This remedy is a great antidote to alcoholic beverages. In both *Agaricus* and *Zincum* the spine is affected and both of these have aggravation from stimulants. In *Gelsemium* he is relieved by a little wine.

Agaricus has cured a good many cases of epileptiform convulsions, more commonly the hysterio-epileptic type with frothing of the mouth, opisthotonos and drawing of the muscles of the face. The *Agaricus* patient has spells in which the little muscles of the face or a few fibres of a muscle will quiver for a few minutes and stop, and then in another part of the face the same thing will take place, an eyelid will quiver, and then another set of fibres, and then another set, sometimes so bad as to set him crazy. This state is also found in *Nux vom.*

The teeth feel too long and are sensitive to touch. The tongue quivers, twitches, jerks spasmodically and causes disorderly inarticulate speech; or he articulates violently. He learns to speak with difficulty. Phagedenic ulcer on the frænum of the tongue eats it away. Soreness of the tongue. Mercurial aphthæ on roof of mouth. Little white blisters like nursing sore mouth. Chronic sore throat. Induration of tonsils. He has a burning thirst and ravenous appetite, and also gnawing in the stomach as if from hunger, without desire for food.

There is much flatulence in this remedy with distressing belching, tympanites, rumbling, gurgling and turmoil in abdomen and offensive flatus. Everything ferments and he is full of pinching colic. The tympanitic condition is marked in low types of typhoid, with trembling and jerking of muscles, paralytic weakness, emaciation, and the mental symptoms.

Morning diarrhœa with a great deal of hot flatus (*Aloe*), with burning in the rectum. Soft stool with great tenesmus; urging to stool violent; involuntary straining before, during and after stool. Sensation as if the rectum would burst even after the stool (*Merc.*, *Sulph.*) Violent, sudden pains; can't wait; distressing, bursting sensation. *Before* stool, colic and passing of flatus,

burning soreness, smarting and cutting in anus; pains in loin to legs, continuing after stool. "*After* stool, headache relieved; biting in anus; *straining* in rectum; cutting pains in anus, griping in hypogastrium; distension of abdomen; heaviness in abdomen and around navel; pain in the chest." Emphasize the *tenesmus after stool*. In the text in those three stages before, during, and after, there is no marking, but the tenesmus should be doubly marked.

Spinal symptoms. Tingling up and down the back with morning diarrhœa; trembling with weakness of the lower extremities; making it difficult to step upstairs, etc. This is a paresis which will continue into a paralysis of the lower extremities. It is useful in beginning paralysis of lower limbs with twitchings of the muscles and burning up and down the spine. He may have constipation and paralytic feelings of the rectum, with stool hard; straining at stool as if his life depended on it and yet no stool. In one case after straining had been given up as unsuccessful he would pass a stool involuntarily. This symptom is only known in *Arg. n.*, where it applies to both stool and urine. The desire to urinate in Agaricus is just as urgent as the desire for stool. Dribbling of urine. A peculiar feature of the remedy is that the urine feels cold while passing; he can count the cold drops passing along the uretha. "Urine passes slowly in a small stream or in drops; has to press to promote flow." Urine watery, clear lemon colored, bright yellow; dark yellow and hot, red flocculent or powdery sediment; watery in the forenoon, in the afternoon milky; like whey, with a red or white sediment (phosphate of magnesia); iridization on surface." It has milky urine and urine with an oily surface, or an iridescent, greasy pellicle like petroleum. The urine is scanty in rheumatic, gouty, and hysterical subjects. When the urine becomes scanty a headache comes on. This is like the symptom in *Fluoric acid*; if he does not attend to the desire to urinate a headache comes on.

Metastatic complaints come in, especially if the milk ceases. The milk may cease in one day, and congestion of the brain or spine comes on.

The genital organs are cold and shrunken. The comparative examinations of the symptoms of male and female sexual organs

show that the proving has not been extensively made on the female, but in the male there are many symptoms which have an analogous condition in the female. In the male the symptoms are worse after coition, but this is just as marked in the female. It is a general in this remedy and is common to both sexes. Complaints after sexual excitement, debauch, etc.; in the woman, fainting; in the man, weakness. The trembling and twitching or any of the Agaricus symptoms will be worse after coition, because the sexual functions are related to the cord, and hence those suffering from spinal affections have distress after this act.

In the male during coition there is burning in the urethra, a sense of hotness of the seminal fluid while being ejected, and hence it can only be a symptom of the male. Also burning in the prostate during ejaculation. Violent sexual excitement before and during, but at the time of the ejaculation the orgasm is wanting; it is a passive and pleasureless ejaculation. This occurs in men with spinal weakness, nervous men who have tingling and crawling all over. Agaricus comes in the cure of old catarrhal discharges from the urethra; chronic gonorrhœa; gleet after all sorts of local treatment have been used. The penis is cold and shrunken; excessively painful retraction in the testes. In old gleety discharge where there is a continued itching and tingling in the urethra and the last drop will remain, discharging for a long time, there are two remedies better than many others, *Petroleum* and Agaricus.

Female Sexual Organs. The routine prescriber always thinks of *Puls.*, *Sep.*, etc., for bearing down pains, but when you come to a woman with spinal irritation, tingling, etc., with this dragging down sensation as if the pelvic organs would drop into the world so that she must wear a napkin, this medicine is the best. Those slender, restless women with tingling and creeping must have Agaricus. During menses she has headache, toothache, etc., and all the general symptoms are worse during the menstrual period, not to any great extent before or after. There is also aggravation of the heart symptoms and prolapsus just at the close of the menses. Leucorrhœa very profuse, dark, bloody, acrid, excoriating the parts. This remedy has been mentioned in relation to *Fluoric acid*, and there are many

points of comparison. They are like each other, especially in the leucorrhœa which is copious and *acid*, so acid that it keeps the parts raw and irritated around the genitals and the patient can't walk. In *Fl. ac.* with the nervous symptoms there is headache amel. by passing the urine, or headache if the desire to urinate is not immediately attended to, and copious excoriating leucorrhœa.

Agaricus is a great medicine in chest troubles, though seldom thought of. It has cured many cases of incipient phthisis, and is closely related to the tubercular diathesis. There is a catarrhal condition of the chest, with night sweats and history of the nervous symptoms. Violent coughs in isolated attacks ending in sneezing. Convulsive cough with sweat, towards evening, with frequent pulse, expectoration of pus-like mucus worse in the morning and when lying on the back. Add to this the symptoms of Agaricus as described, and Agaricus will take hold and cure that case. I remember starting out once to prove *Tuberculinum* on an individual I suspected would be sensitive to it from his history and symptoms. The first dose almost killed him, and, considering the use that that substance is put to in diagnosing the disease in cattle, it seemed to stir up his tuberculosis. He became emaciated and looked as if he would die. I let him alone, and watched and waited patiently, and the symptoms of Agaricus came up, and this established the relationship between these two remedies and confirmed Hering's observation of the relation of Agaricus to the tubercular diathesis. Agaricus cured him and fattened him up.

This remedy is full of nervous palpitation, which is worse in the evening. On the outer chest there is tingling and creeping, as in the general state.

The back has many peculiar and general guiding symptoms. Stiffness of the whole spine; feeling as if it would break when he attempts to bend. Feels as if something were too tight and that it will break when he stoops. Tightness in the muscles of the back. Tingling deep in. Violent, shooting, burning pains. Pain along the spine, worse by stooping. Pains of all sorts in the spine. Pains go up the back and down the back. Sensitiveness of the spine to touch, especially in the back of the

neck and dorsal region between the scapulæ. Sensation as if cold air were spreading along the back, like an aura epileptica. Sensation of ice touching the body. Cold spots. Chilliness over the back, crawling, creeping and formication. Numbness of the skin over the back. The most of the pains are in the back of the neck and the lumbo-sacral region, and the pains in this latter region come in connection with coition. Pain in the lumbar region and sacral region, especially during exertion, sitting, etc. Pain in the sacrum as if beaten, as if it would break.

In the limbs in general there is numbness, choreic twitchings; burning here and there; cold feeling in spots. Trembling of limbs and of hands; awkwardness of all the movements. Rheumatism and gout of the joints and paralysis of the lower limbs. Burning and itching of the hands as if frozen; in the smaller joints, where the circulation is feeble, there are frostbite symptoms. Toes and fingers stiff.

The bones feel as if they would break, especially in the lower limbs. Feeling as if the tibia would break. Aching in the tibia. Growing pains in children; they must sit at the fire or the extremities will get cold. Weight in the legs. Paralytic weakness in the lower limbs soon after becoming pregnant. This comes with every pregnancy and she must go to bed. The other symptoms may lead you to Agaricus.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.*

LECTURE XXIV.

The examination must be continued with due respect to the nature of the sickness and with due respect to the nature of the materia medica. Some symptoms have reference to pathology and diagnosis, while others have reference only to the materia medica, and symptoms must constantly be weighed in the mind in order to establish their grade whether common or peculiar. If all are found to be common symptoms, the materia medica is left out. Either the examination has not been made with respect to the materia medica, or the symptoms are not there at all. It makes no difference as far as cure is concerned; it matters not whether they are not present in the case or whether the doctor has not found them, the key to the prescription is not present; but if the image is round and full and complete, there are symptoms with regard to pathology, diagnosis, prognosis and materia medica. It will be proper later to talk of incurable diseases, pathognomic symptoms, obscure cases, materia medica symptoms, etc. When the physician comes to look over the record after an examination, to get the image, to classify and arrange it, he will find what is peculiar, and those symptoms that are most general, and those that are but common. These three grades appear in every complete case, and in every complete proving of a remedy. Homœopathic study and observation will enable one to pick out these grades at a glance. Every case has common symptoms, but peculiar symptoms may be absent and you must not expect to

* Stenographically reported by Dr. S. Mary Ives.

cure when peculiar symptoms are absent. Homœopathy is applicable in every curable case, but the great thing is to know how to apply it. The physician must sit in judgment upon symptoms and determine whether they are peculiar or common. If the patient's discourse is incoherent, the question arises is he intoxicated or delirious, or is there breaking down of the brain and insanity? The flash of the eye is important; it will tell things that cannot be told by the nurse. It is important for the physician to know the value of expressions. When the patient stares with glassy eye, is he injured about the head, is he suffering from shock, intoxication or typhoid fever, or some disease in which the mind is stunned. The physician immediately proceeds to ask, "How long has the patient been in bed?" If the character is above reproach, he will not suspect intoxication; if the patient has been sick for many days, with fever, tongue coated, abdomen sensitive, etc., he is fully entered upon the course of typhoid fever. The physician must know immediately upon entering the room what the state of the patient resembles: apoplexy, coma, opium poisoning, etc. A physician is supposed to set his mind to work instantly, to ascertain the condition of the patient and what relation the symptoms maintain to the *materia medica*. If an opium poisoning, there must be selected an antidote; if apoplexy, a careful taking of the symptoms in relation to the cerebral clot to prevent inflammation, and symptoms relative to that state, and relative to the remedy. The patient may be intoxicated and have apoplexy at the same time. There is no symptom in the sick room without its value, especially in acute and serious cases. Children are sometimes found in a sound sleep and cannot be aroused; the mother says the child has worms and gives *Cina*, for *Cina* has all these symptoms of stupor, difficulty in arousing, falling back to sleep. But the child fails, going into coma, the nose flaps, the chest heaves, the brow is wrinkled, there is rattling in chest, showing the child is going into cerebral congestion. The physician now must examine on every side of the case to find the nature, to know what to expect. He who neglects this is not a true homœopathic physician; a mere superficial application of homœopathy is not sufficient. After all the symptoms are written out, the physician must study the character of the fever, whether it is

intermittent, continued or has come on in one sudden attack; he must know sufficient of the symptoms to judge of all these. You will learn so much about the purport and the aspect of every motion of the human being that you will place less and less reliance on diagnostic symptoms as diagnostic symptoms, and learn more the value of symptoms as symptoms. You will be astonished to find how expert you will become about diagnosis and prognosis by studying the symptoms. You can learn something from every case you have access to. Is it a waxy face? An avalanche of cases come into mind; but by a process of rapid exclusion, you say it is not cholera, not hemorrhage, etc., and latterly you come to the cause of this aspect. You can tell when it is time for cardiac compensation to be broken in Bright's disease; a peculiar tremulous wave that belongs to the muscles of the face and neck, a tremulous jerk of the tongue, putting it out half way, the pale, cold, semi-transparent skin with cold sweat. It is important to know instantly what the cause is, for the treatment will be different, but remember that it is nothing that you need to name that makes it important.

All these symptoms have respect to remedy and to diagnostic conditions. So far as there is a morbid anatomy which can account for symptoms, so much less are those symptoms worth, as indicating a remedy; if you had no other than such symptoms, you could find no remedy.

Among the many things that interfere with the examination of the patient the most important is the taking of medicines, or having done something, no matter what it is, that has been capable of changing the symptoms. Very commonly, the patient will present himself in the doctor's office, and after giving a long array of symptoms will relate that last night he took a dose of Calomel, or two days ago he took a dose of Quinine, and he thinks he is no better, and now he applies to you for relief. In acute diseases this is very bad and may interfere with finding the homœopathic remedy. Very often the general state collectively both drug and disease symptoms in very acute conditions must be prescribed for, but in chronic disease the plan is different. The symptoms that arise after the taking of a dose of powerful medicine are not indicative of a remedy, they are confusing,

they present no true image of the disease and hence the physician has nothing to do but wait, or at most administer a well known antidote to the drug taken. Sometimes he must wait a considerable time until the symptoms reveal themselves and express the nature of the sickness. It is just as bad where the physician himself is a bungler as it is where the patient has taken the drugs. The confusion arising from bad prescribing is just the same as that produced by the patient's drugging. There are physicians going about who will mix up their cases and continue to prescribe for their own drug symptoms, and who never have any idea of waiting for the true image of the disease to develop itself. Drugging is only a matter of changing symptoms and masking the case. Anything that will effect a change in the symptoms, the taking of drugs, or drinking too much wine or drinking toddy, or great exposure will mask the case, and this mask must wear away before the intelligent physician can make a cure. The whole aim of the physician is to secure the language of nature. If it has been masked by medicines, it cannot be secured. Any meddling will so affect the aspect of the case that the physician cannot prescribe, and the physician who does this meddling must inevitably be driven into bad methods or into Allopathy. I have looked over the work of bad prescribers and have wondered what on earth they could see in Homœopathy to attract them; they do not cure folks. They have no cures to present. The patients cannot be well satisfied by these things. It is true that once in a while a strong, vigorous, robust patient, when he gets a homœopathic remedy, will go on getting well through a mess of symptom changing and drugging, so that in spite of this meddlesome practice he will recover. The physician in that case knows not what remedy to attribute it to, for he has given a great many. But only the most vigorous constitutions will stand such homœopathic villainy. Some vigorous patients, after getting the homœopathic remedy, go on and get well in spite of their indulgences in wine, in eating, etc.; it is wonderful what their own powers will do in throwing off disease. In ordinary cases, however, we see no such things; confusion is brought about at once if the physician administer another medi-

cine in place of administering placebo. At times a patient will present himself, and you will be able to get a true image of the sickness by ascertaining all the things that occurred up to a given date. Upon that date, he says, I took some medicine, and most of my symptoms subsided. They lead to another image from which you can gather nothing; a scattering has taken place. The symptoms may cover page upon page, and yet what remedy do you see? None at all; it looks as if a number of provings of drugs had been mixed up all together, intermingling symptoms here and there without any distinctness. No individualization is possible. Now up to that date the symptoms you gathered may be just all that is necessary. Up to that date the symptoms present the image of a remedy which if administered may yet act, though sometimes it will fail because of the confusion of the case, but after waiting a little it will act. After the administration of a remedy prescribed upon symptoms in the past I have known the remedy many times to go on acting. Again I have known that remedy to fail entirely. In such a case, wait a while and then order will begin to come and that remedy which was indicated previous to the drugging will act. Suppose a physician comes to you and says, "Up to a certain date I was able to hold this patient's symptoms in order with Thuja, but then the symptoms seemed to change and I gave such and such medicines, and have never seen such good results in prescribing as I did up to that period." You must give him Thuja again, and in this way take up the thread where it was lost. Examine the image of the case where the order was lost; because that is where the image must be found. "On the contrary, the symptoms and the inconveniences which exhibited themselves previous to the use of the medicines, or several days after their discontinuance, give the true fundamental notion of the original form of the malady." This is the idea, get the original form of the malady. To do this, at times we have to trace through a mass of difficulties and conditions, to get back to the original form of the trouble, but you must get there because you will see that in the beginning this malady, in accordance with all laws of Divine Providence, must have conformed to some remedy that had been created for its cure. The symptoms at that time stood out indi-

cating this medicine, but since then there has been nothing but confusion, nothing that can be tied to, nothing that can be examined; it appears to have no relation to anything. Very often we can take up the thread and get back to the remedy that was clearly indicated, even twenty years before. If that remedy was indicated then, and was not given, the cure that was possible by that remedy or a similar one is the only thing to be considered; that is the only remedy in the case. Since that time the patient has been in a continual turmoil from the action of drugs. Because it is twenty years ago there is no reason that you should not think of that drug. The patient's disease has not been cured, it has only been changed and modified; but it is the same patient, and the same sickness, and requires the same medicine. If the disease has been complicated by drugs, however, you cannot always get the action of that medicine which the patient needs for the disease *per se*, but after the drugs have been antidoted you will have to give that very medicine that you figured out and he will be cured. It is necessary also to observe the changes all along the line of progress, to know the disease at its beginnings, its earlier manifestations, its later symptoms and its endings. You find, say, most violent neuralgic pains along the course of nerves in an adult patient, and for these you administer remedies until you are tired and get only temporary relief; but you discover that in his childhood he had an eczema, and you can get his old mother to tell you all about the eczema, and you will find it looks like Mezereum. Now you study Mezereum, and see its violent neuralgias are similar to those of your patient. The administration of Mezereum cures this neuralgia and brings back the eruption that he had in babyhood, and he goes on to recovery. Without getting that view of the old scald head, you would not have thought of Mezereum. Or the scald head may have conformed to Sepia. Sepia may have had the likeness to that scald head, and he may now have the most striking and characteristic symptoms of Sepia, for behold the little things that have been put into such a turmoil by bad drugging are under Sepia, and you put your patient on Sepia, and these last appearing symptoms go first and the eruption comes back upon the head and behind the

ears and Sepia has cured him. When these things are seen one after another in every day practice the physician must begin to wonder if there is not some truth in it all. And as sure as you live, if you practice faithfully, carefully studying your cases at great length, gathering in everything there was in the beginning, your cures will be so striking that the multitude will come to you to be healed. You cannot place too much importance upon the masking of a patient's symptoms by medicines, by improper repetitions and by dosing carelessly.

Par 94. "On inquiry into a state of chronic disease it is requisite to weigh the particular circumstances in which the patient may be placed in regard to ordinary occupation, mode of life and domestic situation," etc. Almost everything in life is circumstantial. All of the activities of life are circumstantial, *i. e.*, there are no activities that are not governed by circumstance. There is no business that is not governed by circumstance. The circumstances of a man's life govern his actions and reactions, the symptoms and the development of symptoms. The body is associated with circumstances, every function is related to circumstances, and we may say all the natural functions of life are connected with circumstances. Without these we would have nothing to prescribe upon, we would have nothing to ascertain images by, we would have nothing to form the symptoms, hence the circumstances of life and habit must be studied with a view to going into the slightest particulars. To illustrate that more particularly, and to bring it down to a practical basis, we may say that the examination of every woman relates to her eating, her stool, her menstruation, her bathing, her dress, because these are the things natural to her. These are the circumstances in which her symptoms may come, or may not come. Until the woman is educated as a homœopathic patient she does not know what this means. "What do you mean Doctor?" she says. Then I may say, "You have given me these symptoms; you say you have headache, stomachache, etc. Now will you proceed to relate to me under what circumstances this headache appears, how it is affected by your changes in dress, by the changes in weather, how it is affected before, during or after your monthly indisposition and so on." Now, these are the natural circumstances. In addition to these another group of circumstances

comes up, a group of circumstances, somewhat different, in relation to ordinary occupation. Every person will have circumstances more particular than those in general. Occupation will make changes in the circumstances of young women. She may be standing upon the floor of Wanamaker's store all day, and this has produced a condition of prolapsus; or she may lead a sedentary life at her work as seamstress, or she may be at some other occupation, the circumstances of which will develop her psoric manifestations. Modes of life mean a great many different things. They come in as supernumeraries over and above the natural conditions and circumstances of life. The natural functions and circumstances of life have to be considered in relation to the mode of life. The mode of life comes in as the exciting cause of disease, whereby psora which is in the economy is developed in a certain peculiar direction. The domestic relation is often the cause of trouble in the woman; there may be marriage to a man who is intemperate with her sexually; she may have a domestic situation that cannot be cured, and it must be examined as to its permanency and the prospect of removing it. Things that cannot be removed will develop psora, in a peculiar direction. "All these circumstances ought to be examined to discover if there is anything that could give birth to and keep up the disease, so that by its removal the cure may be facilitated."

CHANGE OF ADDRESS.

THE address of the JOURNAL will hereafter be 2133 Walnut Street, Philadelphia, Pa., the Editor having removed to that address.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

GRIPPE EPIDEMIC.

Letters from DRS. MORGAN and FLEAGLE.

BALTIMORE, Md., May 11, 1899.

To the Editor of the JOURNAL OF HOMŒOPATHICS.

Ill health prevented me giving your readers my experience with grippe at the time when asked, but I have been greatly interested in the reports and comments given by other physicians in your valuable paper. However, there is one thing I was greatly surprised to find entirely omitted in all the papers; no one says a word about the use of *Cimicifuga* in cases of grippe. Why it should be so overlooked I do not understand, as it has been my most important remedy in all epidemics for the last ten years. I find in its provings every feature and symptom ever given in the descriptions of the grippe, either expressed or implied. While I have used all the remedies reported by the others, I find that *Cimicifuga* is the indicated and curative remedy in about five-sixths of the cases I have met with since 1888, also that very often it is the epidemic remedy for several weeks at a time. A few words as to how I use it may not be out of place, as I am greatly desirous that all physicians should know the value of this remedy.

If I see the patient early in the case and find *Cimicifuga* is indicated, I give it in *m* or *cm*. The patient is generally well in as many hours as have elapsed between the attack and the time I was called. Of course the usual debility follows, which is natural after such intense vital depression and exhaustion.

When the case has been going on for several days, I have found it better to use the remedy in a lower potency, say, about the 200th. At this stage, the disease eats up the remedies very fast. I can seldom get one to work for more than twenty-four hours and generally have to repeat each day.

Perfect rest in a warm bed, with a well ventilated room, greatly facilitates the breaking up of the disease as well as the recovery from the exhaustive condition following. I have found *Natrum arsenicum* to be a valuable aid in old, badly treated and neglected cases; generally calls for 200th., one dose a day for several days, but sometimes a single dose given high will work wonders.

W. L. MORGAN, M. D.

HANOVER, Pa., May 4, 1899.

Dear Doctor:—I received the May number of the JOURNAL to-day. I was intensely interested to know what the epidemic "grippe" remedy was during the last winter. I read the article twice, and found that most of the prescribers gave remedies different from what I found to be the remedy. The first day of my return to Hanover I had three grippe patients come to my office. I find that taking the individual symptoms of each patient is, after all, the safest guide. I soon saw the similarity in the cases, however, and decided upon *Eupat. perf. cm.*, and for three weeks following my return I cured on an average of nine cases out of every ten with that remedy. The weather, which had been cold and rather damp, but sunshiny, then changed to rainy damp weather, and consequently the nature of the remedy or rather epidemic soon changed.

The symptoms on which I prescribed *Eupat. perf.* were these: *Great prostration, aching* all over the body, deep seated—and especially in the back—coldness and chilliness, a great desire to "hug the stove"—violent headaches, both frontal and occipital. The chill was usually followed by intense heat, and the patients mostly showed a temperature of 103° to 104½° F. They were all *very restless*, and I had quite a time to keep some of them in bed—there was no relief of their sufferings from motion, however.

There was a peculiarity also that struck me, and that was an *absence of sweat*. They would have severe chills, intense heat, but no sweat.

Tongue heavily coated white, with either a bitter taste, or no sense of taste at all.

Prolonged loss of appetite, with nausea and in one case vomiting.

Thirst was not particularly marked, and in most cases absent, or they said water had a "flat" taste.

I had some difficulty at first in differentiating *Eupat. perf.* from *Rhus tox.* and searched all my books very diligently for points of difference. The point that I eventually determined should be my guide was—"Restlessness, but no relief from motion." It served me good in every instance. Then, too, *absence of sweat*, and *thirst* seemed to me to be points of differentiation that might be utilized.

Of course, the intense, deep-seated aching was not overlooked.

After all it is only when we take ALL the symptoms into consideration that we can hope for success, but striking, or characteristic symptoms, act as guide-posts to find the proper remedy. I did not lose a single case from "grippe."

Sincerely,

M. M. FLEAGLE, M. D.

CLINICAL CASES.

FREDERICA E. GLADWIN, M. D., H. M., Philadelphia, Pa.

I. Miss M. K., age 23, slender, dark.

1899.

Jan. 31. Not well since had grippe at Xmas for which she treated herself; has been dosing ever since.

Nose-bleed each day for several days.

Headache.

< sitting; noise.

Aches and pains all over.

< motion.

Fever since yesterday; temperature, 103.

Stupid, sleeps nearly all the time.

Soreness in cœcal region.

Tongue brownish.

Bry. 20m. Thirst, drinks glass full at once.

Feb. 1. >

Feb. 2. Began to get worse last evening and is still <

Bry. cm.

Feb. 3. Better every way.

Feb. 4. Discharged.

II. A. McD., age 35, large, sandy complexion, electrician.
1899.

Feb. 1. Not well for several weeks, gradually running down,
one day > another <.

Always tired.

Aches and pains all over, especially in nape.

< motion.

Chilliness during heat.

Fever; skin seems very hot. Did not take temperature.

Complains of "skin on teeth."

Face flushed.

Pain in abdomen.

Soreness in cæcal region.

Diarrhœa; frequent watery stool.

Gels. 77 m.

Feb. 2. Found him dressed and down stairs and laughing at me
because I wouldn't let him eat.

No symptoms excepting a little diarrhœa.

About six weeks afterward his wife reported that he
went back to work in a day or two and had been perfectly
well ever since.

III. Miss I. H., age 32, short, stout, blonde.

1899.

March 30. Not well for several weeks.

Chill this morning on rising 4:30 A. M., another at 4 P. M.

Hands and feet cold.

Restless all night.

Aching all through head, < nape.

< motion; jar; noise.

Fever ever since 10 A. M.

temperature, 102.5.

with creeps up back, < motion.

face purple.

Aches all over, < motion.

Mouth dry.

Tongue thickly coated brownish.

"Saliva gets thick on teeth and lips."

Breath bad.

Am. 40 m. Soreness across abdomen, < caecal region.

March 31. Better every way.

April 1. Found her so nearly well I made no more visits.

IV. L. B., age 20. Soldier. Tall, dark, slender.

1898.

Dec. 3. Typhoid convalescent.

Sickness began about Sept. 24; at that time felt weak and dizzy, pains in his bones, eyes ached and burned.

Had been on guard duty at night by the canal, a heavy fog hung over the place and he could not keep warm, although had on his overcoat.

About eight days before he was sick had dropped his gun into canal and jumped in to get it, was thoroughly chilled at that time.

The case was sent first to Camp Meade hospital, then to the Pennsylvania Hospital of Philadelphia.

It had proved to be one of those stubborn cases that would not down. They would get control of the fever for a few days, then suddenly with no apparent cause it would go up again. They finally conquered the fever, but post typhoid insanity took its place. He ordered every one around as though he thought them his servants, accused nurses and patients of stealing his clothes, food and other belongings, said he had done things which he did not do. He was discharged December 1, and his family were advised to place him in the insane asylum.

Symptoms present Dec. 2.

Emaciated, weak.

Has been strong enough to walk around the ward for about a week, but not dressed until yesterday.

No fever for over two weeks.

Boil at left angle of jaw has been lanced twice, discharges yellow pus mixed with blood.

Appetite ravenous.

Soreness and stiffness of muscles.

< morning on first rising.

> after moving around awhile.

< after sitting a while, would not sit long at a time on account of it. would get up and walk around the room "so as not to get stiff."

Rhus. 45 m.

Dec. 4. Not so dreamy.

"Things did not seem real before, could not realize the past events of his life but now things seem clearer, realize the past events of his life are not things dreamed of."

Stronger, feels as though he would like to get up and go to work.

Soreness and stiffness in muscles much >.

Stiffness of muscles in calf used to trouble him after long walk or heavy work before he was sick.

Dec. 18. Steadily improving every way.

Is still weak, though growing stronger all the time.

Diarrhœa returned.

< morning.

Pain in abdomen before stool.

Sensation of weakness after stool.

Nervous, hands tremble (old symptoms).

June 1. Improvement continued, and he pronounced himself well many weeks ago.

His mind has been all right since the first two days after leaving the hospital. Jan. 1 he went back to school, and in spite of the fact that he lost all of the fall term will graduate with his class this month.

I can't help thinking in the above case that if our friends, the Allopaths, had only known the use of *Rhus* as the true homœopath

uses it, they would have saved themselves much trouble and their patient much suffering.

TWO CASES OF CONSTIPATION.

S. MARY IVES, M. D., H. M., Philadelphia, Pa.

I. Miss S. B. S—, æt 37 years. Occupation, student.

On the 3d of April, 1895, this patient presented herself for treatment of a most obstinate constipation. She said that she had been always more or less constipated, but that for the past four years the trouble had steadily increased. She had been using drugs and injections, but failed to "cure" herself, as the bowels only moved when these artificial means were resorted to. *Now*, she desired to have the constipation "cured" that the bowels might move naturally.

Upon close questioning as to the whole case (as the patient regarded everything of very small consequence outside of the constipation), the following symptoms were elicited:

Constipation, never allows herself to go more than three days without stool. (Uses drugs and injections.)

Much straining, which is ineffectual.

"Prolapsus of rectum" this winter from the straining at stool.

Headache from over-exertion; vertex.

Subject to "colds" with cough, and sore throat.

< mental exertion.

< in a warm room, feels depressed.

> open air.

Thirsty.

Sleep poor; wakens early each morning, about 4 A. M.

Menses, about every 24 days.

flow, profuse, dark, clotted, much "backache."

Sulph. 55m.

On April 17th, two weeks after commencing treatment, the patient reported as follows:

Constipation >, "have a passage nearly every day," some straining at stool still.

Prolapsus of rectum >; "much better now than at times when there has been no straining for stool."

General improvement; "I have been better the past two weeks than in two months."

Weekly reports showed continued improvement, and on May 22d the patient said the bowels moved every day and *she* was feeling well. This state of things continued until Sept. 24th (five months and three weeks) when Miss S— reported "Bowels regular," but prolapsus of rectum had returned. *Sulph. 55m.* This was followed by immediate relief, and not until May 14th, 1896, did the patient require further treatment, when a dose of *Sulph. cm.* effectually did the work.

I heard nothing more from this lady for a year or more, when I chanced to meet her on the street, and she stopped me to tell me in great glee that the reason I had neither seen her nor heard from her was that she had "been perfectly well" in every way.

This case, although not intensely interesting, perhaps goes to show what the indicated remedy will do for *particular* symptoms, when *the patient* is prescribed for and not the particular symptoms of that patient. There was nothing specially in the constipation to call for Sulphur, and as a matter of fact the symptoms obtained, as a whole, might well be covered by many remedies, yet this patient *looked* and seemed Sulphur; she was a student, short, stout, dark hair and eyes, rosy cheeks, subject to colds and coughs, oppressed by heat, craving open air, etc. And Sulphur certainly cured her constipation.

II. S. J—, æt. 11 years, tall, fair, well built boy.

1898.

February 28th. Report of the mother:—

Has always been constipated since birth, have tried everything for it, injections, drugs, even been advised to have operation. "Nothing helps him."

Bowels do not move for a week at a time, then constant urging passes only a very small stool, hard and lumpy; must remove it with fingers; soreness of anus from constant urging.

Headache and nausea "from the constipation."

Chilly disposition.

Nux vom. 45m. Very studious; sits and reads all day.

March 7th. Had three stools this week.

Feeling > in himself.

March 25th. Stool every other day.

April 1st. Diarrhoea last few days, stool every ten minutes, pain before stool, > after stool.

Vomiting.

April 13th. Bowels "quite regular" now; stool every day.

This was the last report until Jan. 11th, 1899, when the child came to the office with the following report:
1899.

Jan. 11th. Has been "all right" until four or five weeks ago, when bowels became constipated again.

Nux vom. 45m. Headache and nausea back again.

Jan. 25th. Bowels not moving freely; ineffectual urging.

Nux vom. cm. Nausea and headache still persist.

Feb. 8th. "All right again."

This is another instance, where, after the failure of Old School drugs, injections, etc., to cure an obstinate constipation, the "sugar pills" do good work.

CLINICAL CASES.

R. F. RABE, M. D., New York.

CASE I.—Miss R., æt. 53 years, Feb. 3, '99. Since three weeks has had severe pain in the region of the right hip-joint, extending at times down the posterior aspect of thigh to the knee. The pain is < from *walking* or *standing*, from cold and coughing and at night when *lying* in bed. It is very much > from warmth and when *sitting*. Never had rheumatism or sciatica before. The special kind of pain could not be ascertained. Gnaphalium polycephalum 30, two powders, three hours apart, was given, as I had nothing higher. For three days she was worse, after which a gradual improvement began with complete relief within one week; there has been no return of the trouble.

CASE II.—Nov. 16, '98. B. S., coachman, about 30 years old. Since several days has had rheumatic pain in right arm. Pain is

located in the deltoid muscle; he cannot raise the arm and has great difficulty in getting his coat on and off. Also pain and stiffness in lumbar region. Got his feet wet on the 13th inst. and has been growing worse since. The pain is < from the least motion. *Phytolacca decandra* cm.

Nov. 21.—Entirely free from pain and can use his arm again. Improvement began within six hours after taking remedy. Has had no-rheumatism since.

PNEUMONIA DURING EPIDEMIC OF INFLUENZA.

E. W. BERRIDGE, M. D., London, England.

March 8th, 1899, visited a child 7 years old, at 3 P. M. The day before had been slightly languid, not so lively as usual, and did not care for her morning bath; also slight cough. At 11 P. M. was seized with burning fever, rapid breathing, thirst, and occasional delirium. I found her lying on left side, breathing with mouth open. Pulse was 150; respiration, 80; temperature, 104.4. No pain, though there had been headache. Thirsty for cold water often, drinking a moderate amount each time. No movement of nostrils, though her mother had noticed it once. Upper lobe of left lung consolidated, no air enters, no vocal resonance, and dullness on percussion. Pneumonic crepitation in lower lobe of left lung. Right lung normal.—*Phosphorus* cm. (F. C.) in water, a spoonful every 4 hours till relieved.

March 9th. At 6 P. M. yesterday she could breathe with mouth closed, and temperature had fallen to 104. No return of delirium, and had a good night. To-day at 3 P. M. pulse was 110; temperature, 100.6; respirations less frequent, but I could not count them satisfactorily. Air entering the whole of left lung freely. Cheerful and lively. Bowels have acted naturally. No thirst. Cough increased. Last dose was taken at 7 A. M.

March 10th, 5 P. M. Has had two more doses at 7 P. M. and again at 4 A. M. as the cough was troublesome. Now pulse is 104; temperature, 98.2. Air enters still more freely, though there is still a little crepitation. Lively and wants more food. Stopped the *Phosphorus*, and she soon recovered.

EDITORIAL.

THE DUNHAM MEDICAL COLLEGE.

The Dunham Medical College is coming to the front with a new journal that is full of the right spirit. It is well edited and a creditable exponent of their school. It is welcome to our table. Now that the resignations of Drs. Sawyer and Pease have been handed in and accepted, we have reason to expect the Dunham to become a more substantial institution. Antidotalism was a millstone that could not but drag it down. There is every reason to hope that this young representative of Hahnemannian teaching will be a fit place for the education of students from the east. If there is another school that can make such a good showing and promises of sound Homœopathy let it stand up.

CARL GEORGE CHRISTIAN HARTLAUB.

Hartmann says: Of the life of Hartlaub, Sr., though I was more intimate with him than with Caspari, I can say still less; his brother is still living, a true friend and advocate of Homœopathy, who can easily supply the deficiency of my narrative. He was Caspari's most intimate friend, and I have learned from his own lips that their conversation turned chiefly upon Homœopathy and the manner of advancing its interests. My opinion cannot be taken as decisive, since I was little acquainted with Caspari, yet it seemed to me that Hartlaub was a still more capable man than Caspari, at least his works bear a more decided impress of originality and manifest more of that power of production which seems wanting or at least doubtful in the works of Caspari.

In 1829 Hartlaub left Leipsic in consequence of an invitation from Counsellor Muhlenbein to take up his residence at Brunswick and assist the chancellor in his extensive practice to which he could no longer attend on account of the infirmities of advancing years. Hartlaub died, if I mistake not, of a nervous fever, many

years before Muhlenbein—much too soon for science, which deeply deplored its loss.

Rapou says: Hartlaub was the most prolific writer of our school. His works, less rich in theoretic dissertations than those of Caspari, embrace more regarding practical medicine. He applied himself at first in arranging our pathogeneses in a practical form, and formed a judicious summary and methodical classification of the phenomena. This manner of labor in which Weber, Ruchert, Boënnighausen and Jahr later won great renown was a source of great honor to this practitioner. Notwithstanding his feeble constitution, his failing health, and his short existence (he died young), he gave to our literature many extended works, the labor on which would seem to have required a long life or the concurrence of a society of savants.

About 1830 Hartlaub left Leipsic to settle at Dresden near his ancient colleague, Dr. Trinks, and with him commenced to edit a clinical Journal. The Journal appeared in 1830 under the title "Annals of the Homœopathic Clinic." His aim was to contribute to perfecting our method by publishing constantly observations in detail on the treatment of many varieties of disease; it was to complete, to verify, the pathogenesis by means of the clinic and to fix the new medicine on a firmer and surer basis. These Annals were published till 1834, at which time Hartlaub was called to attend the Duke of Brunswick. Hartlaub died at Brunswick.

(Extracted from Bradford's *Pioneers of Homœopathy*).

DR. KENT'S REPERTORY.

The strength, and at the same time the weakness of the homœopathic Materia Medica lies in its enormous volume. No symptom in a proving can be rejected as valueless, and yet, once it has been incorporated in the Materia Medica, it is valueless unless it can be readily found. Every one knows how tantalizing it is to remember that a certain "wanted" symptom is somewhere in the Materia Medica, and yet be unable to locate it, and because of such arises the necessity for repertories. Many attempts have been made in the past to overcome the difficulties in the way of

finding that state in the *Materia Medica* analogous to the totality of the symptoms in the patient, and the notable repertories of Boenninghausen and Jahr, which have come down to us with Hahnemann's stamp of approval upon them, are examples. Boenninghausen's work soon won for itself a high place of esteem, but the profession found that, though it was useful in generalizing, it could not be adapted to all the needs of the homœopath, and hence the appearance from time to time of special repertories, the most useful being such as Berridge's "Eye Repertory," Bell on "Diarrhœa," Allen's "Intermittent Fever," Eggert and Minton on "Uterine and Vaginal Discharges, etc.," Guernsey on "Hæmorrhoids." Complete repertories had also been attempted, and of these the most popular was Constantine Lippe's. But neither Lippe's small repertory nor the above mentioned monographs were able to satisfy the demand for a full and complete repertory to our *Materia Medica*. For fifteen years Dr. Kent had been compiling for his own use such a repertory, and when it was nearly completed strong pressure was brought to bear upon him by many leading homœopaths to print the repertories for the benefit of the profession. Agreeing to this, the work was published by subscription, about 200 physicians having signified their desire to possess the work. It was prophesied that the publication would probably end about the middle of the work, but we are glad to welcome the last fascicle and to note that all the expectations of the subscribers have been realized, and we have at last a work which is, what it purports to be, a complete repertory of the *Materia Medica*. A superficial examination satisfies us that we have in this a standard work which is worthy of being classified along with Hahnemann's *Materia Medica Pura*, the *Encyclopædia* and the *Guiding Symptoms*, as it is essential to these, and without it they become *terra incognita*. A closer scrutiny reveals the fact that the general rubrics are fuller and more reliable than those the older repertories give. We note that revision has corrected many errors and given us many new additions, and especially do we welcome the long array of modalities accompanying the rubrics. The general plan of the work is simple and is uniform throughout. Each of the twelve fascicles is alphabetically arranged, the rubrics first containing the general group of reme-

dies and then giving the time and circumstances (agg. and amel.) of the symptom. Anything like a particular review is out of the question, but we cannot refrain from detailing, as an instance of the character of the work, Dr. Kent's treatment of the rubric "Pain" in the Head repertory. Eighty-four pages are devoted to this rubric alone, and in that space we can safely say are included almost all the headaches of the race. First of all comes "Pain in general" (undefined headache), with its time and circumstantial aggravations and ameliorations, and directions. Having exhausted this, the *location* of the pain is next dealt with, *e. g.*, brain, forehead, occiput, etc., with the aggravations, ameliorations and extensions of these, and, lastly, the *nature* of the pain, aching, bursting, cutting, etc., is detailed with the time and circumstances of agg. and amel., extension and location. So thoroughly is this plan carried out that it leaves nothing to be desired so far as arrangement is concerned. The fascicle "Extremities" is the masterpiece, however, of the repertory, claiming 250 pages of the work, 111 pages of which have been monopolized by pains of all sorts of description, location and condition. "Generalities" is the summing up of the symptoms that refer to the patient as a whole and takes the place of Bœnninghausen's pocket book, having all its advantages without the errors he has made of considering *particular* symptoms, referring only to one part, as *general* symptoms of the patient.

This repertory is easy and pleasant to handle; it abounds in cross references, its errors are few and easily rectified, its plan admits of indefinite expansion by the addition of new symptoms which can be easily classified. A little attentive perusal soon brings familiarity with its contents, and the former dreary task of working out the case by repertories is made both pleasant and profitable as well as possible. The typography and paper are good, and the wide bargains give abundance of room for notes.

Economy is a strong feature in this repertory, both time and money being saved by its possession. When we consider that it includes all that is found in all the special and general repertories hitherto published, and a great deal more in addition, that it has the special repertories as "Headache," "Eyes," "Diarrhœa," "Cough and Expectoration," "Hæmorrhoids," "Neuralgia,"

"Rheumatism," "Diseases of Women," "Skin Diseases," that it has a repertory of "Generals," and that these are bound together in one work, without the necessary duplications to be found in separate books, we can see how money, time and labor are saved by investing in and using the latest and best of repertories.—*Homœopathic Recorder*.

With what joy this splendid monument to Prof. Kent is received. The 1,349 pages are filled with invaluable matter, and each shows such careful, thorough work. The homœopathist is placed under lasting obligations to Dr. Kent. We have waited for years for this work. It will be used constantly, and, because of its reliability and completeness, will be the means of saving countless lives that otherwise would surely be lost. The work is easily mastered, and its use, which is a delight, will make better homœopaths of all. Such a book removes every excuse for the alternation of remedies, topical applications, etc.

A careful review of the work leaves nothing to be desired; peculiar symptoms are easily found, and those occurring under unusual conditions are as easily turned to, making the work almost priceless. How often we have hunted through all our Repertories, in vain, to find some peculiar symptom that our patient complains of, for upon our success in finding the remedy, having that peculiar symptom, will often depend the future of our patient. The cross references throughout the work are invaluable, also the different sizes of type, according to the value of the symptom. Dr. Kent proceeds from Generals to Particulars throughout the work, a splendid idea, for many symptoms can often not be described except in a general way. One soon becomes skilled in its use.

The printer has done his part well, the type is clear and pleasing, and the paper good.—*Dunham Medical College Journal*.

BACK NUMBERS. Forty-three lectures on *Materia Medica* and twenty-four lectures on *Homœopathics* have now appeared in the JOURNAL. These will form quite a text book for students and recent graduates. Back numbers from Vol. I., No. 1, can be supplied. New subscribers taking the back numbers will get the reduced rate of \$5.00 for the three years.

A BRIEF REVIEW OF HAHNEMANN'S WORK IN CHRONIC DISEASES.

BY S. L. GUILD-LEGGETT, M. D., H. M.

Read before the Onondaga County Homœopathic Medical Society.

It is interesting at this point of the world's history to review the work of men who have made marked changes in the course of human events. How interesting, then, to those who follow the practice of homœopathy, is a review of Hahnemann's great work, and its effect upon the history of medicine.

Particularly are we interested in what Hahnemann's discoveries have done for chronic miasmatic disease and for the possibilities of cure thereby advanced.

Pathology had, heretofore, seemed to recognize in its divisions of disease but one factor, *i. e.*, *chronos*, time. A disease with a certain degree of severity, running a rapid course of short duration, was termed acute. A somewhat slower disease, of somewhat longer duration, was termed subacute. A disease of still slower development, continuing over a longer period of time, was termed chronic.

As homœopathic physicians, our divisions of disease, since Hahnemann's time, differ somewhat. We, too, divide disease into the three classes, but the factor of *time* has less to do with the definition.

An acute disease is recognized by us as one which, when allowed to run a natural course, takes a certain prescribed form of greater or less severity and short duration, and which terminates in resolution or death.

A sub-acute disease is one which is brought about through errors of living, of diet, of over-strain in one or another direction, and which *may* cease upon the removal of the cause.

Our definition of Chronic disease differs still more widely from the general. We recognize the "slow development" and the "extension of time," but we also recognize the fact that in Chronic miasmatic disease there is no tendency to recovery; that its progress is upward and inward, straight and sure toward death—ex-

cept when, through the beneficent action of the homœopathically applied remedy, the tide is turned in favor of the patient.

Hahnemann evidently comprehended these truths during the long period of intense application which preceded his announcement of the theory of Chronic Disease. From 1816 to 1827, his entire effort was devoted to discovering the cause of his failures to cure chronic disease with the medicines then proved. He sought to know why the apparently well-selected remedy grew less and less effectual, until again that disease, or a worse one, was in the ascendancy.

In a study of this portion of his work, it would seem that he had in mind such disease symptoms as were prominently presented by the patient under the old nomenclature. In one case it might have been a persistent dyspepsia, in another some form of hepatic trouble; in another a uterine disturbance, etc., etc., in which, the cure either did not remain permanent or pushed still farther in upon the organism.

This curing of one portion of disease, only to have it return or go deeper, was only continuing along the lines of old practice, and it assured him that there was an underlying cause which he had not fathomed. From observation of the results of his own and others' practice, he began to suspect suppression and the question arose: suppression of what?

Repeated experience had taught him that the symptoms for which he had prescribed were but fragments of the whole; the underlying cause being much deeper. He became convinced that to find one or more homœopathic medicines, to cover all symptoms which could characterize the whole disturbance, would be "*to discover all the ailments and symptoms in the unknown primitive malady.*" This done, a physician would be able to extinguish the entire disease, when curable.

The only possible way that Hahnemann could satisfy himself and future generations of the truth of an underlying miasm was through investigation of the acute and immediate effects of suppression, or metastasis. For this purpose he went to the Archives of Old medicine, and from those pages procured the remarkable evidence recorded in his work on Chronic Diseases. This record concerned the chronic miasm of Psora, which he

believed to be the *basis* of many skin diseases that were not the result of venereal poisons.

The English translation of this work contains ninety-seven cases found by him directly traceable to suppression of disease. The correctness of this theory of an underlying miasm was proved, in many of them, by resolution, which took place through a return of the original symptoms. This record included asthma, pleurisy, cough, hæmoptysis, empyema, softening of the brain, gastric ulcers, dropsies, jaundice, cataracts, fevers, osteosarcomas, apoplexias, frenzies and many more.

Hahnemann was careful to note the manner of each resolution, and from that was able to deduce that remarkable law of recovery which enables us to determine whether the progression of disease is toward death, or health. He stated that sickness receded in the reverse order of its coming, from above downward, and from within outward. From this plain statement of a law of our physical organism we are enabled to see the action of the homœopathically applied remedy. If the sickness begins to reverse its order of progression, we are satisfied of an approaching cure. If it progress inward and upward, we are satisfied that no cure can be obtained.

Hahnemann was not satisfied to know the result of immediate disturbance resulting from suppression, but he wished to be able to know when Psora was latent in an organism. This he determined by a series of remarkable observations by the bedside of patients whom he treated successfully, and in whom he was again careful to note that there was no complication of the other two miasms that he believed to exist. The accuracy of these observations is marvellous, and we daily prove the truth of the signs pointed out by him.

Hahnemann showed that psora (—the name which he gave to the underlying miasm of chronic disease, other than venereal, which had this progressive tendency,—) is the most contagious of all the chronic miasms. The modern recognition of the contagiousness of tuberculosis is but a portion of the truth recognized by Hahnemann long years ago. Further, he also recognized the complement of that truth, *i. e.*, the pre-existent susceptibility in the infected.

Of syphilis and sycosis Hahnemann also made a profound study, and he brought out the same truth, namely: the possibility of metastasis and suppression, or progression from the distant to the central system, and a reversed order, during recovery.

A more exact knowledge of these diseases, and their ramifications, has since been tabulated, but the truth of the underlying principle of the progression and the retrocession of the miasm will remain a fixture until time shall have end.

It is interesting to compare the studies of Hahnemann, which were conducted alone through eleven years of intense activity and acute observation, with those of other great discoverers of this age. Pasteur, whose work in bacteriology has proved to be a boon (?) to modern pathologists, was surrounded by interested colleagues, who were at work upon the same or kindred subjects and making similar discoveries, or confirmations of his discoveries. Koch, Tyndall, and others were intimately connected with his work; discussions, exchange of ideas, and suggestions were possible. Hahnemann worked alone, in entirely untrodden paths, in both the method or application of the curative agent, and regarding the miasmatic principle underneath true chronic disease.

When we read the remarks of Pasteur concerning the pursuit of his studies we are over-whelmed with the intensity of hopes and fears that must have possessed Hahnemann. Pasteur said, in reference to these, "imagine what hope possessed me when I first had presentiment that there were laws behind so many obscure phenomena."

What of the laws of innumerable phenomena which Hahnemann discovered and disseminated? What of the blessings to the sick and suffering of mankind? Is there any better time to remember them than on this, his birthday, for which unnumbered millions will give thanks in the time to come?

ERRATUM. Vol. III., p. 85, line 7 from bottom, for "bathing" read "walking."

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BOOKS FOR REVIEW.

THE TWELVE TISSUE REMEDIES OF SCHUSSLER. By William Boericke and Willis A. Dewey. Fourth edition. Rewritten and enlarged. Boericke & Tafel. 424 pages. Cloth, \$2.50.

This work must be what doctors want, as it is now in the fourth edition. It is an interesting book, and when tempered with an abiding knowledge of the Organon it is helpful. An excellent repertory makes it a work of quick reference. It is a great improvement on the first edition.

WHAT THE DOCTOR NEEDS TO KNOW. By W. A. Yingling, M. D., Emporia, Kans.

This is a 30-page pamphlet for the use of patients to help them relate their symptoms to the physician. It is an excellent aid. Every physician has felt the need of this little booklet. The author has made it for private use, but will supply it on call for \$4 per 100.

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DEPARTMENT OF MATERIA MEDICA.

ÆSCULUS HIPPOCASTANUM.

Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.*

A peculiar kind of *plethora* is found running through this medicine, a vascular fulness which affects the extremities and the whole body, and there are symptoms showing that the brain is similarly affected.

The conditions of *Æsculus* are *worse during sleep*, hence symptoms are observed on waking. He wakes up with confusion of mind, looks all around the room in confusion, bewildered, does not know the people, wonders where he is and what is the meaning of the things he sees. It is especially useful in children that rouse up in sleep frightened and in confusion. The remedy produces great *sadness, irritability*, loss of memory, and aversion to his work. There are times when there is a sense of bodily congestion, fulness of the veins, and then these symptoms are most marked. It is a *general venous stasis*, and is sometimes worse in sleep, worse from lying, better from bodily exertion. The symptoms pass away after considerable exertion; moving about, doing something, keeping busy relieves. You will find it useful in persons who suffer from palpitation when the pulsation extends to the extremities and the throbbing of the heart in sleep can be heard; an audible palpitation.

*Stenographically reported by Dr. S. Mary Ives.

Now, as to the mental symptoms, you have been told, and will always be told, that the mental symptoms are the most important things in a proving, just as the mental symptoms in sickness are the most important things. Hahnemann directs us to pay most attention to the symptoms of the mind, because the symptoms of the mind constitute the man himself. The highest and innermost symptoms are the most important, and these are the mind symptoms. Æsculus has not been brought out in the finest detail, but we have the key to it. Extreme irritability is the very general state from which ramify a great many mental symptoms. Irritability, depression and low-spiritedness run through a great many remedies, and form the centre around which revolve all the mental symptoms in some cases. The reason that these are more interior than some other symptoms of the mind is that these relate to the affections themselves. The mental symptoms can be classified in a remedy. The things that relate to the memory are not so important as the things that relate to the intelligence, and the things that relate to the intelligence are not so important as the things that relate to the affections or desires and aversions. We see in a state of irritability that the patient is not irritable while doing the things that he desires to do; if he wants to be talked to, for instance, you do not discover his irritability while talking to him. You never discover he is irritable if you do the things he wants you to do. But just so soon as you do something he does not want this irritability or disturbance of the will is brought on, and this is the very innermost of man's state. That which he wishes belongs to that which he wills, and the things that relate to what he wills are the most important things in every proving. You may say that an individual is sad, but he is sad because he lacks something that he wants; he desires something which he has not and becomes sad for it; sadness may go on to such an extent that the mind is in confusion.

Æsculus has only been proved sufficiently to bring out the general features. Confusion of mind and vertigo. Make this distinction, vertigo is not a confusion of the intelligence. You have only to meditate upon it a moment and you will see that it is not. Confusion of the mind is a disturbance of the intellect, not a disturbance of the sensorium; you will make a distinction

between staggering when walking and a period of disturbance of the mind, with inability to think clearly. Vertigo is a sensation of rolling and belongs to the sensorium. A great mistake has been made in some of our repertories, in that confusions of mind are placed with vertigo under sensorium. It is not a matter of sensorium at all. These things must be thought out carefully so that we are clear in our own minds as to what symptoms mean when they are given to us by patients. A patient may state that when walking in the street he is dizzy, or that it appears as though everything interiorly were turning round, yet he may be perfectly able to add up a column of figures; his mind may be clear. If we ourselves are perfectly clear as to the meaning of these expressions, we will commonly glean the meaning of the patient. It is important to record the language of the patient, yet often a patient will say something which you can see he does not mean at all, and it then becomes necessary to put in a parenthesis what he really means. For instance, a patient says: "I have such a pain my chest," with the hand on the abdomen, or a woman when menstruating will say the pain is in the stomach when you know it is in the uterus. Patients must be questioned oftentimes as to their statements, or requested to place the hand upon the painful part. In the same way, therefore, patients talk about dizziness when they are not dizzy at all, but feel a confusion of mind, or they speak of confusion of mind when they mean that they stagger in the street.

It is in the nature of this remedy to have *flying pains* all over the body, like *Pulsatilla* and *Kali carb.*, flitting, sharp, shooting, rending, tearing pains, flying from one part to another; they seem at times to be scarcely more than skin deep. Sometimes they fly along the course of the nerves.

This medicine is full of *headache*. It has also dull aching pain, when it seem that the brain would be pressed out. But especially are these pains felt in the back of the head as if the head would be crushed; hard aching pains, violent aching pains, fulness of the brain. "Dull frontal headache, from r. to l., with constrictive feeling of skin of forehead." Fulness of the head, with dull, heavy pains, aching in the forehead; pain over the right eye. "Neuralgic pains in the r. supraorbital region." In the outer

head. "Shooting in l. parietal bone, later in right." Formication is a general that goes through all the symptoms. If you examine the skin you will find formication, tickling and shooting and itching all over the body, so what there is in the scalp is only what belongs to the remedy in general.

Æsculus is a wonderful *eye* remedy, especially when the eyes have "hemorrhoids." Does that convey any idea to you? By that I mean particularly enlarged blood vessels. Great redness of the eyes, with lachrymation, burning eyeballs, and vascular appearance. This increased determination of blood is more or less painful; the eyeballs feel sore and ache; sharp shooting pains in eyes. In almost every rubric of Æsculus we shall find stitching and shooting; little twinges; wandering pains with fulness; almost every kind of disturbance will intensify the fulness. Fulness of the hands and feet, not necessarily the fulness that pits upon pressure that we call œdema, but a tenseness. Many venous remedies have just that sort of thing. Medicines having much trouble with the veins are often disturbed by hot bathing, weakness after a hot bath, weakness in warm weather, aversion to heat and desire for cold. It is the state of *Pulsatilla*. The *Pulsatilla* veins contract in cold weather and the shrivelling up makes the patient feel good, but the veins fill and become engorged in the warm air and after too warm a bath. A tepid bath sometimes makes a *Pulsatilla* patient feel better, but a Turkish bath is generally distressing. Many of the complaints of Æsculus are of this sort; Æsculus often feels better when surrounded by the cold air. The symptoms of Æsculus are often brought out by temperature, especially the little stinging pains. It is characteristic of these superficial pains that they are nearly always ameliorated by heat, while the deeper affections are oftentimes ameliorated from cold. Now, in *Pulsatilla*, the stinging pains of the scalp and those over the body, here and there, are often ameliorated by the local application of heat, while the patient himself wants to be in the cold; in the same way Æsculus stinging pains are better from heat, while the patient is often better from cold, although at times he is aggravated from cold, damp weather in rheumatic and venous conditions. Again, in *Secale* we see that the little sharp pains that follow the course of the nerves are better from heat, but the

patient himself wants to be in the cold air, or to be uncovered excepting the spot of pain, which he wants kept warm. We notice the same thing running through *Camphor*; during the twinges of pain he wants the windows closed and wants hot applications; but as soon as the pain is over he wants the windows up and desires to be uncovered so that he can breathe. These are general things, things that are to be observed in analyzing symptoms.

Æsculus then is a venous remedy, engorged and full, sometimes to bursting. Now there is another feature I want to bring out. You will notice where inflammation takes place that it is *purple* or blue in color. This medicine produces a good deal of inflammation of the throat, the characteristic being that it is very dark. It has the tendency to produce varicose veins and ulceration, and round about these we have marked duskiness. Æsculus cures varicose leg ulcers with a purplish areola. When we study the hæmorrhoidal state we see the tumor is purple, looking almost as if it would slough. The remedy is not active in its inflammatory state, it is sluggish and passive. Certain medicines produce a slight inflammation with a high degree of redness, everything is violent and rapid, but in this medicine things are slow; the activities are reduced, the heart is laboring and the veins are congested.

"Eructations: sour; greasy; bitter;" "Desire to vomit;" "Heartburn and gulping up of food after eating." It has a great deal of *disturbance of digestion*, and we can see by these symptoms that we must class it with *Phosphorus* and *Ferrum*. As soon as the patient has swallowed the food, or a little while after, it becomes sour and he spits it up, until after a while he has emptied the stomach of its contents simply by eructations. Such is the state of *Phosphorus*, *Ferrum*, *Arsenicum*, Æsculus and a few other medicines. Æsculus has also a state of congestion and ulceration of the stomach. "Constant distress and burning in the stomach, inclination to vomit." Such a state as this might be present in ulceration of the stomach.

The *abdomen* is full of trouble. If we read the symptoms of the right hypochondrium, of the abdomen, and of the rectum, we shall see from the study of these that there must be a marked portal stasis. Everything is slowed down. Digestion is slow, the

bowels are constipated even to protrusion of the rectum when at stool. It has most troublesome *hæmorrhoids* with *fulness* of the right hypochondrium. The liver is full of suffering. After eating, there is distress in the bowels and rectum. Sticking, jaggling, burning pains, as if the rectum were *full of sticks*. Great suffering with bleeding hæmorrhoids. The hæmorrhoidal veins are all distended, and bleed, and ulcerate. The stool becomes jammed down into the rectum and towards the anus, against these enormously distended veins, and then ulceration takes place with bleeding and great suffering. We find in the text over two pages devoted to the symptoms of the rectum. Great soreness; much pain; urging to stool; dark stool followed by white one showing the liver engorgement. Chronic constipation.

The *back* is the seat of a good deal of trouble, especially low down in the back, through the sacrum and hips; although there is also aching all along the back and pain in the back of the neck. It is a very common thing for patients suffering from hæmorrhoids to have pain in the back of the neck and base of the brain, basilar headaches, and when these hæmorrhoidal patients undertake to walk they have pain and aching across the sacrum into the hips. This pain through the sacrum and into the hips, when walking, is a striking feature of Æsculus, so striking that you may expect it to be present even when there are no hæmorrhoids.

Æsculus is indicated oftentimes in the *troubles of women*, with great dragging pain in the pelvis. Many a time has Æsculus cured the dragging-down pain of the pelvis with copious leucorrhœa and pressing pain in the hips when walking. The woman feels that the uterus is engorged. She says that the lower part of the abdomen feels full, both before and during menstruation. There is much suffering at this time with pains in the hips. "Uterine soreness, with throbbing in the hypogastrium." "Old cases of leucorrhœa, discharge of a dark yellow color, thick and sticky." "Leucorrhœa, with lameness in the back across sacro-iliac articulations." During pregnancy all sorts of complaints, with soreness and fulness and uneasy consciousness of the uterus and pain across the back when walking.

Æsculus is full of *gouty sufferings*; gout in all the joints, gouty rheumatic affections, neuralgic affections. Especially is this

rheumatic tendency found from the elbows to the hands, in the forearm and hands. Rending, tearing pains, flying hither and thither without any particular order, relieved by heat. Varicose veins of the thighs and legs have been cured by *Æsculus*. This varicose tendency in the body we have already seen is a striking feature of *Æsculus*. After the sore throat has passed away, engorged veins are left, which *Æsculus* sometimes cures. After eye troubles have been cured, varicose veins remain in the mucous membrane of the eye. With rheumatic complaints there are varicose veins. It is one of the most frequently indicated remedies in the hæmorrhoidal constitution, as it used to be called.

Constant dull backache; walking is almost impossible; scarcely able to rise or walk after sitting. You will see one suffering from the *Æsculus* backache, on attempting to rise from sitting, make many painful efforts before he finally succeeds. This is found in *Sulphur* and *Petroleum* and is also cured by *Agaricus*.

AILANTHUS GLANDULOSA.

This medicine is especially suitable in the low zymotic forms of sickness, such as we find in diphtheria and scarlet fever, in blood poisoning and in symptomatic typhoids, especially those cases that are characterized by capillary congestion in spots, red mottled spots. Perhaps the most striking manifestation of such a low type of sickness is malignant scarlet fever. The regular rash does not come out, but in its place red spots, roseola-like, make their appearance; the usual uniform spread of the eruption has failed, or has been suppressed, and there is bleeding from the gums and nose, and dreadful tumefaction in the throat. The countenance is purple and besotted, the eyes are congested and there is even bleeding from the eyes. There is an appearance of great prostration, but it is really stupefaction, he seems stupid and benumbed from head to foot. If you look at the throat you see it is covered with little purple patches, intermingled with almost an œdematous appearance similar to that found in

Baptisia. It is a low depressed type of sickness. Decomposition of the blood is going on rapidly. The blood that oozes is black. The child is going into a state of stupor and it is with difficulty that he can be aroused. Sometimes blisters are formed on the ends of the fingers, or here and there over the body. From the mouth and nose come foetid odors. This child is going as rapidly as possible into a form of malignant disease. Sometimes the disease comes on as a light febrile attack, but from taking cold and suppressing some of the natural manifestations the case takes on a low typhoid form and whereas you had at first, say, a simple remittent, the case has now assumed a state of prostration with very rapid heart, a good deal of foetor, a good deal of purpleness or blueness, a passive congestion with purple blotches of the skin, causing a mottled appearance. When a disease turns so suddenly from some cause or other, blood poisoning is going on and a symptomatic typhoid state appears. A remittent that turns into a sharp zymotic state in the course of twenty-four hours, a diphtheria that takes on this form with stupidity and mottled skin are examples of such a type of sickness.

The mental symptoms accompanying this kind of state are interesting. I read from some notes I have made. A continued dreamy state of mind though awake. Child cries all the time. Sees little animals like rats running around. Feels a rat or something small crawling up the limb and over the body. There seems to be constant loss of memory, even the things spoken of a moment ago go right out of the mind. Constant forgetfulness. All past events are forgotten. Past events are forgotten or remembered as belonging to someone else, or as matters read. That is in keeping with the dreamy state, it seems as though those things that are past appear as in a dream, as if he had dreamed about them. Cannot concentrate the mind in any mental effort; cannot answer questions correctly; is as if in a semi-conscious state, and finally he goes into complete unconsciousness. There is in the earlier stages of this zymotic state great anxiety and restlessness, later there is stupor and indifference to everything. Continual sighing with depression of spirits; extremely irritable, semi-conscious, finally unconsciousness, stupor, delirium and insensibility; muttering delirium with sleeplessness and restlessness.

This mental state is such as occurs in zymotic sicknesses; the chronic illness has not been well brought out. Dr. Wells used this remedy in quite a number of cases as a sort of epidemic remedy for scarlet fever, in Brooklyn, and many patients were saved by it. It seemed to be able to change the character of the malignant forms of scarlet fever into a mild type.

In addition to the symptoms of the text it has been observed that the hair falls out and flashes of light play before the eyes on closing the lids at night. "Pupils widely dilated; copious, thin, ichorous and bloody discharge from nose." That is in the zymotic states in scarlet fever. "Nostrils congested. Great prostration and a countenance indicating much distress. Face dark as mahogany." That is in suppressed scarlet fever. Purple, bloated and puffed, besotted face. This remedy is one not very much used, and it is not very often indicated, but it is very useful when indicated. You will not very often see this particular type even in a malignant scarlet fever. You will often see such a scarlet fever running to a number of other remedies, but this remedy corresponds to one of the most malignant types, and its commonest use will be in an epidemic in which the cases largely run to a malignant type. There are three common types of scarlet fever. In one season you find the cases are mild and simple, the typical eruption is present and comes on speedily without any great amount of fever. Such cases will often run their course with good nursing, a warm room and plenty of clothing without much medicine. The skin is bright red, smooth and shiny. The case is not serious at all. In other epidemics you will find only an isolated case of this kind, while the majority of cases present marked trouble in the throat; the rash is scanty when present at all, and congestion of the head and spinal symptoms with pain in the back of the neck come on. The throat is dreadfully swollen and inflamed, bright red and very painful. Then there is a third type in which the throat is severely swollen, all the mucous membranes are swollen, and the whole tendency is toward blood poisoning or zymosis with enlargement of the glands, puffiness of the skin and a great deal of foetor; the skin is dusky and the eruption is scanty, sometimes hardly visible from beginning to end. These cases will almost all die if let alone;

they are very serious. The old authors call these three forms "scarlatina simplex," "scarlatina anginosa," and "scarlatina maligna." In some epidemics you will see all three of the appearances, in some families you will see two forms. One child will have a mild type, and another will have it more severely with zymotic blisters here and there, on the ends of the fingers, and these will be attended with horrible fœtor; as soon as the blisters break ulceration will take place if the child live long enough; but these are the deadly cases, the malignant type. You probably remember a distinguishing feature between scarlet fever and measles is that the white line made by drawing a point along the skin remains white for a second or so in scarlet fever, whereas in measles it turns red again directly. Even when the rash does not come out in the low forms of scarlet fever, the impression of the finger makes a white mark which will be slow to fill up. The more marked that is the lower the type. The more zymotic the type the more sluggish the circulation, and in this remedy especially is this state present. The congested condition of the skin is present even when there is no rash, a passive congestion of the veins. Quite a number of medicines have that, but *Veratrum viride* produces such a vaso-motor paralysis that the line upon the skin will remain a long time. You can really write your name and it will remain long enough for you to read it. In all these zymotic complaints there is a foetid odor that is sometimes cadaveric, sometimes like stinking meat; this will be found in the low types of disease wherever this remedy is indicated.

"Throat much swollen, dark red, almost purple in color. Diphtheria with extreme prostration. Throat livid, swollen; tonsils prominent and studded with deep ulcers." The throat and tonsils very often appear as if they would pit upon pressure like a dropsical state. In some of these zymotic cases where a reaction ought to take place a diarrhœa sets in that is horribly offensive; a critical diarrhœa. With these zymotic states there is pain in the back of the neck and head no matter what the name of the disease is. Occipital headache is a thing that you need not be surprised to find.

"Breathing hurried, irregular, heavy. Burning in the palms

and soles, hunts to find a cool place to put them. Feels a rat running up the leg. Feeling as if a snake crawled up the leg." This is a mental symptom not in the text. "In low, adynamic forms of disease characterized by sudden and extreme prostration, "vomiting, pulse small and rapid, purplish appearance of skin." "Electric thrill from brain to extremities." "Chill at 8 A. M. with chill, heat and sweat." During the chill vomiting of food and piercing pain over the hip. Chill is preceded by malignant eruption, especially on the face and forehead. "During chill hunger, empty feeling, intolerable pain in back of neck, upper part of back and hip joint." That pain in the back of the neck is a common forerunner of low types of fever. It generally precedes a congestive attack of great violence characterized by fullness of the head with heat.

This miliary rash spoken of in the text, looking like measles, is when the scarlet fever rash or the measles rash does not come out in its uniform fashion, but in patches, little circles here and there and is dark. "Irregular, patchy, livid eruption, disappearing on pressure and returning very slowly; interspersed with small vesicles, worse on forehead, neck and chest. Eruption appeared scantily for two days with sore throat and mild fever." This eruption is like the petechiæ that we see in typhoid forms of disease. The record of this remedy in scarlet fever makes it worthy of further study; it ought to be re-proved that we may have a fuller understanding of it. "Eruption plentiful, of a bluish tint. Typhoid scarlatina." "Eruption is slow to make its appearance, remains livid." "Body and limbs covered with an irregular patchy eruption of a very livid color." Here you see but one type of scarlet fever. You take this low type of fever and it sometimes needs *Sulphur*, sometimes *Phosphorus*, sometimes *Belladonna*, sometimes *Baptisia*, sometimes *Lachesis*. That you may be able to distinguish one from the other and keep the picture of each remedy clearly in mind requires a prolonged study of the *Materia Medica*. It is an easy matter to compare remedies for yourself after you have first studied each one separately as to its own picture. You can then bring out many comparisons, and especially is this the case at the bedside. If you go to the bedside with a good knowledge of the generals of the *Materia*

Medica you will be surprised at the number of symptom pictures which will come into your mind, called up by the signs of the sickness. When you go to the bedside of scarlet fever you should not call to mind the names of these medicines you may have heard recommended for scarlet fever; let the appearance of the patient bring to mind such remedies as appear like this patient, regardless of whether they have been associated with scarlet fever or not. When you see the rash perhaps you will say that looks like an *Aconite* rash, but there is such scanty zymosis in the nature of *Aconite* that it is no longer thought of. *Belladonna* is not suitable for in that remedy the rash is shiny and smooth, the typical Sydenham rash. On the other hand, you will say *Pulsatilla* has a measly rash, and often associated with a low form of fever, but not so low as the typhoid type, so *Pulsatilla* goes out of your mind. You now think of the remedies that are typical of all zymotic states; the prostration, the aggravation after sleep, general stupor and delirium, and almost at a glance you see *Lachesis*, the type of such forms of disease. Its picture comes into your mind speedily. You see another case of scarlet fever where there is a scanty rash, the child before you keeps on picking the skin from the lips and nose, lies in a state of pallor and exhaustion, no rash to speak of, urine nearly suppressed; almost in a moment you think of *Arum triph.* It is the aspect of things that will call up the remedy to the mind. In another case you have all the purple appearance I have spoken of in this remedy; horrible foetor, a good deal of sore throat, and the child cannot get water cold enough, wants a stream of water running down the throat all the time; you may safely trust to *Phosphorus*. In these low types of sickness there is always something to tell the story if you will only listen, study and wait long enough.

ERRATUM. Vol. II, No. 11. Last two lines of p. 431 should be transposed to read between the 38 and 39 line of p. 432.

Human nature wants to take "something for strength," and the physicians who overlook this fact must run the risk of having their medicines antidoted by some vile "tonic" which is taken without their knowledge. Thanks to Dr. Guernsey, we have in Perfection Liquid Food an article that Hahnemannians can conscientiously recommend to them for this purpose.

A FEW HEADACHES.

CARRIE E. NEWTON, M. D., H. M., Marlboro, Mass.

Very few people are exempt entirely and at all times from headache in one or another of its many forms.

The complaint is found in so many varieties and is caused by so many things that it is well for the general practitioner to have a pretty fair knowledge of the *Materia Medica* of headaches, for he or she will often be called upon to relieve this troublesome disorder.

The advertising pages of magazines, newspapers and journals are covered with this and that "sure cure for headache," and people suffer so much and are incapacitated for their work that they eagerly seek aid in a box or bottle of these abominable preparations. And with what result? In some cases the pain is relieved for a time, but how often does one hear of a permanent cure? In more cases other disagreeable symptoms are brought on.

The quickest, mildest and most permanent cure is found in the *simillimum* in the homœopath's medicine case.

The following are the *headaches* of the remedies lectured on by Dr. J. T. Kent at the P. G. School in the course of 1898-1899.

This seems like a long list, but it is not by any means a complete one; it contains several of the more uncommon remedies.

The general characteristics of the remedies must be borne in mind at all times before selecting a remedy for the headache:

Bryonia. Congestive, after a controversy.

Bursting; feels so full must press head with hand or bandage; as if would burst.

> pressure.

< in close room.

< motion, even winking or talking; coughing.

< ironing (heat and motion).

< jar and motion. < stooping.

> fresh air.

Splitting, violent, congestive.

Over eyes or back of head.

Bufo. Headache of epilepsy. Upward rush of blood to head.

Strange sensations in head

Cactus grand. R. sided. Congestion from taking cold.

Pressive pain on vertex, but hard pressure relieves the pain.

< noise, light, motion.

Pain in temples.

Cadmium. Congestion to head in low fevers. Lancinating, cutting like knives.

Calc. ars. Mild at noon, < later to supper.

From front backwards.

When lying on face, pain is < in occiput.

When lying on occiput, pain is < in forehead.

Or < opposite to side lain on.

< in open air.

Chilly.

Calc. carb. Every part of head affected.

Throbbing and burning on vertex.

Congestive rush of blood to head; pressive, bursting pain; fullness; stupefying pain. As if head would burst. Outward pressure.

From taking cold; from over-exertion; from suppressed perspiration.

< cold, damp weather; < motion; < light; < pressure.

Pressive pain above root of nose.

Wakes with violent headache; begins at occiput, gradually involves front and top.

< going up stairs.

Stitching, tearing, hammering.

Progresses to great violence with nausea and vomiting.

Periodical—weekly.

In women—sick headache when menses slack up a bit; copious flow with great exhaustion.

Neuralgic and rheumatic pains > sweat.

- Calc. phos.** Headaches of school girls. They can't study any more; exhausted by mental work, go home in afternoon with headache and diarrhœa.
 > cold bathing.
 > mental *occupation*; < mental *exertion*.
- Camphor.** Boring frontal headaches.
 Throbbing; boring, hammering in cerebellum.
 Contractions, as if laced together in cerebellum.
- Cantharis.** Lancinating, stabbing, burning in the sides of head.
 Lancination in vertex. Stitches in sides and occiput.
 May be violence with the headache.
- Capsicum.** Head aches as if skull would split when moving head, walking or talking. Head feels as if would burst with every jar of head. Bursting as if brain were too large; head too full. > lying with head high.
 Bursting and throbbing in vertex and forehead.
- Carbo an.** Basilar headaches. < motion; < going up stairs; < stepping. As if brain were loose and shaken. < after eating. > warmth. > keeping quiet. < mental or physical exertion. In girls during menses.
 Tearing pain in top of head as if skull had been torn asunder.
 Stupefying headache in occiput; < early morning and forenoon.
 Throbbing headache after menses or during menses.
 > open air. A congestive state during menses.
 Sensitiveness of roots of hair.
 Nervous headaches; < eating.
 Sensation of weight pulling eyebrows down.
- Carbo veg.** Headaches in back of head, as if would burst.
 Soreness and pain in back of neck.
 Tearing and drawing in occiput; feeling of weight.
 Sensation of emptiness with hunger.
 Painful throbbing during inspiration—like a hammer.
 Throbbing with heat in head as if would be attacked with a paralytic stroke.
 Constriction, as if in a helmet or hat; or as if a cord

- were about head; as if scalp drawn too tight; as if in a hoop.
 Weighing down of eyelids.
 < *after meal in the evening.* < dark.
- Causticum.** Rheumatic; from suppressed eruption.
 Violent cutting in temples; violent stitches in forehead and temples.
 Roaring, buzzing and hissing.
- Chamomilla.** Congestion and heat. Wants to be doing something.
 Congestion from anger or chagrin. Terrible rage; scolds and frets. "Can't bear the pain."
 Oversensitive.
 One cheek red; other pale.
- Chelidonium.** Bilious headaches—hammering, stitching pains.
 Violent neuralgia over eyes. One-sided—usually l.
 Pressive and tearing pains in r. temple.
 < jar; < open air.
 Occipital—with liver and heart trouble; throbbing and hammering.
 Headache every fortnight; nausea and vomiting.
 Drawing in back of neck. Head feels like great weight.
 Can't bear to have the hair "done up."
- Cicuta.** Semilateral headaches—must sit erect to relieve.
 Ceases when thinks of its exact origin. In morning.
 Spasms from concussion of brain. Head hot.
- Cina.** Dull headache, with sensitiveness of eyes. Before and after epileptic attack.
 Sensitiveness of scalp with the headache; can't comb hair.
 < heat and sun. > rolling head.
- Cistus.** Pains shoot from head to ear.
 Headaches come on from fasting--frontal with coldness.
 > eating.
 Nervous and sick headaches. Forehead cold.
 Sensation of coldness inside.
 Pressing pains—cold sweat at root of nose. < sweating.
- China.** > in warm room. < cold. < draft of air.

< motion. < touch. < light. So sensitive feels as if skull would burst. "Brain beats against skull."

< every motion. < opening the eyes.

< *gentle touch*, but > *firm pressure*.

Wave-like feeling, as if head would burst. Veins stand out like whipcords on forehead.

Headaches, with exhaustion after bleeding.

Stitching from temple to temple.

In occiput after sexual excesses. Sorness in brain as if bruised. Can't have hair combed.

Jerking pains in scalp, especially in women.

Violent pains < walking; pains extend to teeth and neck.

Periodical headaches. < noise.

Neuralgic headache. > external warmth.

Cinnabar. Headache as if band about head; as if hat too tight.

Fullness in head. < after eating.

Violent headache with catarrh — > applied heat.

Pressing in forehead — > heat.

Pain in top of head and forehead — > heat.

< lying on back and painful side.

> lying on r. side and rising and moving about.

Tearing in forehead before catamenia.

Bone pains — < night. More he sweats the worse he is.

Cocculus. Headaches from anger and grief; from anxious watching and loss of sleep.

Occiput, vertex, etc.

Sick-headaches from riding in a carriage.

Pressing frontal from within out.

< thinking. Wants to go off alone and lie down.

> keeping still.

Coccus Cacti. Basilar headaches from exertion; wakes up in morning with sub-occipital pain and and soreness. Distress in back of head from jar; from exertion.

Frontal, with aching pain in small of back.

Pain in occiput; < after sleep; < mental or physical exertion; > lying with head high.

- Pain from l. eye to forehead; tearing pain.
Dull headache over r. eye on walking.
- Coffea Cruda.** Feels and hears crackling in vertex. Threatening apoplexy. Headaches from slightest cause; eating too much; noise; music; joy; etc.
Smell of coffee makes him sick.
Nervous, hysterical headaches; < open air;
< sleep; < eating.
- Colchicum.** Headache, > eating; > being quiet.
When head is raised it tumbles back.
Forehead covered with cold sweat. Tearing pains.
< motion. < smell of food. < mental exertion.
Pressive heaviness in cerebellum; < mental exertion.
- Colocynth.** Vertigo. Violent neuralgia of scalp. > heat.
Sensation of tightening; of being pinched. Tearing, pressive frontal headache < stooping. < lying on back. Sensation as if whole head compressed.
Boring, stitching, tearing pain; gradually increases to great intensity: then gradually or suddenly better; a little rest then another paroxysm. Each paroxysm worse than last one.
- Conium.** Brain so sensitive a noise feels as though hammers were pounding on brain. Throbbing in head; in occiput. Every throb makes piercing, knife-like pain in occiput.
Sensitive to light. Sensation as if brain were loose in head. Vertigo, with nausea. < motion. < after study. > while reading, but < after.
- Crotalus.** Headaches. < after sleep. Wakes dazed. Pain in occiput. Wakes with headache over eyes.
Bilious headache begins behind l. ear—every few days. Pressure and pain on vertex. Throbbing.
- Cyclamen.** Headaches come on with vertigo. Headaches with menstrual disorders. Front part of head; violent stitching, darting pains in temples, < l. side; < open air, in nervous, tired women made sick by dancing or walking, from overheating.

Sensation as if brain were loose in skull.

Suppressed menses with headaches.

Wakes up with headaches. > cold water.

Digitalis. Congestive headaches from uræmia; heart feeble; kidneys inactive; liver slow.

Headache like waves from side to side.

Sudden cracking noise. Report in head like sound of pistol shot.

Wants to be alone. < music. Vertigo.

Dulcamara. Headaches—dull, boring, pressing. Coldness in cerebellum. Pressure as of a helmet—from within out. Rheumatic headache from suppressed catarrhal discharge after taking cold. > flow of catarrhal discharge. Gouty headaches—from exposure to wet. < damp, cold weather.

Fluoric ac. Violent, pressive, occipital headaches; presses upward. Pains follow course of sutures. From retention of urine when bladder is full. > passing urine. In nervous, oversensitive women.

Ferrum met. Sick headaches—pressive.

Occipital < jar; < coughing. Hammering, pulsating in occiput; > gentle motion.

Pressive, pulsating, bursting in forehead.

Congestive headaches—violent surgings in head.

Usually face is pale, anæmic, but now is flushed.

Pain < going down stairs; > pressure of hand; > open air; < warm room; < stepping. < sometimes < open air.

Severe frontal headaches with cold feet.

Wakes 3 A. M. with pain like knife in head.

Hammering in head.

Bursting as if head were swelling.

Headache—l. side—one-sided.

As if skull would press upward. — < sudden motion; > slow, gentle motion. Beating in back of head— < stooping.

Drawing and shooting from nape to head.

Weight as of iron band from ear to ear through occiput.

Periodical every two or three weeks.

Head sensitive to touch, > pressure; < after midnight.

Gelsemium. Congestive headaches— > shaking or rolling head.

Vertigo with dim vision.

Congestive headache—*occipital*, with bursting.

Face red. So violent patient can't keep still.

As if head would burst. Heaviness of head.

Sensitive, bruised feeling of muscles of head.

A sub-occipital soreness. Headaches from fear; from excitement.

All over head; extends into bones of face.

< occiput.

Nervous headaches—pain begins in cervical region, extends up over head. Head drawn backward.

Dull aching in occiput. Sensation of heaviness in upper lids, head, etc.

> head lying on high pillow.

THE NEW ASSOCIATION.

The suggestion of a new Hahnemannian Society in the JOURNAL last fall was welcomed as an appeal for reunion by many who deplore the present scattered condition of the Hahnemannian workers of this time. Much correspondence has grown out of it, and the widely manifest desire for organization was regarded as an indication that the time was ripe for action, and consequently a few physicians met in New York on May 30th ult. and formed the nucleus of a society for which they adopted the name of *The American Hahnemannian Association*. Its principles are to be those taught in the Organon. It has for its objects the study and dissemination of the principles of Homœopathy as promulgated by Samuel Hahnemann, and the promotion of practice according to them.

The time of its first regular meeting has not yet been selected. Meanwhile conditions of membership and forms of application may be obtained from the Secretary, Harvey Farrington, M. D., 1738 Green St., Philadelphia.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.*

LECTURE XXIV.

Par. 92. The patients generally call attention to the commonest things, while it is the strange and peculiar things that guide to a remedy. The symptoms most covered up from the observation of the physician are often the things guiding to the remedy, but finally they leak out in some way. The symptom is of such a character that the patient says of it, I have always had it and I did not suppose that that had anything to do with my disease. When asked, "Why did you not tell me that before?" he says, "I did not suppose that amounted to anything, it is so trivial." The physician often hazards a remedy. He feels he must make a prescription, but has no reasonable grounds for thinking he has found the remedy, because the patient's story has been so confusing, and the symptoms that he has obtained are so common and ordinary, such as all remedies possess. With such a foundation he cannot have any assurance that he has the remedy, and, although he may have hazarded several remedies in the case, the patient comes back uncured, month after month, and year after year. These symptoms that are withheld and seem to be so obscure, and so difficult to obtain, are the very ones that the patient thinks do not amount to anything. What seem to him to be the little symptoms are very often characteristic of the disease, and necessary for the choice of the remedy. Let me illustrate it. A patient comes along with a pallid face, a rather sickly countenance, tired and weary, subject to headaches, disorders of the bladder and disturbances of digestion; and in spite of all your ques-

* Stenographically reported by Dr. S. Mary Ives.

tioning, you fail to get anything that is peculiar. You set the patient to thinking and to writing down symptoms, and she comes back month after month and you give her *Sulphur*, *Lycopodium* and a good many medicines. You can sometimes find out whether she is a chilly or hot-blooded patient, and thus you can get a little closer among the common remedies; but the patient says one day, "Doctor, it seems strange that my urine smells so queer, it smells like that of a horse." Now at once you know that is *Nitric acid*. "How long have you had this?" "Oh, I have always had it, I did not think it amounted to anything." If you examine the common things belonging to *Nitric acid* you will find that it possesses all the features of the case. This is how a guiding symptom can be used. *Nitric acid* has a keynote "urine smelling strong like that of a horse;" but if you should give it upon that alone, and the general symptoms were not there, you would probably remove the particular symptoms only, and they would come back after a while. Use a keynote to examine the remedy to see if it has all the other symptoms that the patient has. What I have described to you is a hypothetical case. In a busy day you will have several of these cases that you have been working at for months, and the patients have spent a lot of money to no account. You might just as well have given *Sac lac* until you found the right remedy. You can hardly say, why did I not see the remedy before, because it was not possible to see it. You can only go over a case and say, why did I not ask her if there was any odor to the urine, and if so, what it was like. I have had this very symptom come out when I have asked a dozen times about the smell of the urine, and they did not know, and yet would say afterwards their urine smelled like a horse's urine, and they knew it all the time. "On the other hand, the patients are so accustomed to their long sufferings that they pay little or no attention to the lesser symptoms which are often characteristic of the disease and decisive in regard to the choice of a remedy."

Of course the trouble that we have to contend with in ascertaining symptoms from patients could be drawn out to great length. You might suppose that it would be the educated class that would tell their symptoms best, but you will find the ignorant class often do better, they are simpler; they do not disguise the symptoms;

they come out and tell the little details in a better way, in a way that conforms to the language of our remedies. Our remedies have been recorded in simple language to a great extent, and this simple language is often better observed by the simple-minded, uncultivated people than among the aristocrats. People who have plenty of means and much education are more excitable, they have more fear and they have tried a great many doctors. Any physician who has a reputation is consulted for a chronic disease; and the patient who has plenty of money goes around amongst the doctors, and when he comes to tell you his symptoms he tells them in the technicalities of his numerous physicians, so that when he has finished his story nothing has been gained. Only gradually can the physician lead him back into a language simple enough to describe his sufferings. They who have been sick long with their chronic ailments and have become somewhat hypochondriac will go through with this list of their diseases. They have paid lots of money, and they have lots of names, and they are loaded with drugs. The physician must deal very carefully with these slippery people, because if they are irritated they will run off.

Par. 96. There is another kind of patient spoken of here, those that "depict their sufferings in lively colors, and make use of exaggerated terms to induce the physician to relieve them promptly." This is especially characteristic of the native Irish as a class. You will find that they will exaggerate their symptoms, really and sincerely believing that the doctor will give them stronger medicine if they are very sick and will pay more attention to them; and if they do not exaggerate violently, probably he will turn them off with a simple remedy. Then we have the exaggeration of symptoms by sensitive people. It is an insane habit, such as belongs to hysteria. The physician will be helpless in the hands of these exaggerators, because Homœopathy consists in securing the whole truth and nothing but the truth; it is just as detrimental to get too much as to get too little. Any coloring which is expressed, whether by the patient or by the physician, will result in failure. It is true that this tendency to exaggeration must be considered as a symptom. When you have found a patient to exaggerate a few symptoms into a large number, you

can simply mention in your notes "tendency to exaggerate symptoms," which is covered by some of our remedies. Such a state is misleading, for you do not know what symptoms the patient has and what the patient has not. You may rest assured that no patient without symptoms would consult a physician; the patient would not be likely to manufacture the entire sickness; the fact that she has a desire to present herself to the physician and has a desire to exaggerate her symptoms and sufferings is in itself a disease, because no well person would do that. Hence this must be considered; perhaps it is the first and only element that can be considered of that which such patients give out. This exaggeration must be measured with discretion and wisdom. "Even the most impatient hypochondriac never invents sufferings and symptoms that are void of foundation, and the truth of this is easily ascertained by comparing the complaints he utters at different intervals while the physician gives him nothing at least that is medicinal." Hahnemann's plan would be to give no medicine and to compare the symptoms that the patient gives from time to time. The patient cannot memorize these various symptoms that he has gathered from other sources, but by watching and comparing from time to time, letting the examinations be far enough apart for him to forget, the physician can accept those things that he repeats. The young physician will be misguided by these cases until he has had sufficient experience with disease to know something about the nature of symptoms that ought to appear.

Another obstacle we have to the examination of the case is laziness; the patient is too lazy to write down the symptoms when they appear, and too indolent and forgetful to remember them when in the presence of the physician. The symptoms do not come up in his mind when he is in the presence of the doctor, and he is too indolent to write these symptoms down when he feels them at home. When a patient does not relate symptoms well he should be instructed to write down his symptoms when they occur, and if he will not do that his physician should insist upon it, or refuse to prescribe for him. It is often quite an important thing to get the patient to write down the symptoms in memorandum form as they occur. Not to write at night what has occurred during the day, but to run instantly and put the symptom

down in simple language, describing the sensation, and location, and the time of day of its coming and going, and the modalities. Indolence then and forgetfulness become obstacles to the gathering of the symptoms.

Now, in the present day, there has crept upon the face of the earth such a state of false modesty and such a lack of innocence upon the whole human race that this false modesty and shame will prevent patients from telling the truth. Patients will deny having had gonorrhœa, or having been exposed to circumstances that were similar. If the whole human race had lived in innocence up to the present day our women would come to the physician with frankness and talk in perfect freedom concerning the menstrual flow, concerning even the sexual functions, concerning things of the will and of the intelligence; but as a matter of fact it is not so, it is with difficulty that the physicians can draw out these symptoms through mistaken modesty. When a patient consults a physician, the question of modesty should be laid aside. You will find that the most innocent in mind are those that are the most easy to lay it aside, when it is not a question of modesty, but of telling the whole truth and nothing but the truth. If it be a wife, everything that is in relation to herself and husband that is abnormal should be told, and then the physician would have little to ask beyond listening to the truth. I look back over a number of people, especially among women, who seemed to be so much embarrassed upon first coming into my presence and having to talk about their symptoms that they forget everything, and it was only by considerable waiting that they became free and frank and open with me. Sometimes it is a difficult matter for the physician to put a patient at ease; it is a thing that must be studied and considered in order to be able to say something to put a bashful patient at ease; this is quite an accomplishment with a doctor.

“ The physician must be possessed of an uncommon share of circumspection and tact, a knowledge of the human heart, prudence and patience, to be enabled to form to himself a true and complete image of the disease in all its details ” He must live the life of the neighbor, and be known as a man of honor, as a man who may be believed and respected, as a candid man.

Hahnemann says carelessness, laziness and levity will prevent the physician from going into such a state of homœopathy as will enable him to grasp the *materia medica*, or to be conversant with his science. If he has such a reputation he will not command the respect of the people of the neighborhood, and this will prevent him from getting the image of the sickness upon paper. Hahnemann had a wonderful knowledge of the human heart, and this is an important thing; a knowledge of the human heart, a knowledge of the things that are in man. It seems there are a good many men in the community without the slightest knowledge of the human heart. They have never given any inspection to their own interiors, their heart or impulses, but have gone on wildly. To know the human heart well is largely to examine into oneself and ascertain what one's own impulses are, what one is compelled to do under varying circumstances, what impulses one has to control in oneself in order to become a man. If a man has carried out his heart's desires without any self-control he is a man unworthy of respect. If he has on the other hand controlled those impulses, he has become a man worthy of respect. In time the physician who does this will become so well acquainted with the human heart that he has sympathy and knows what constitutes the language of the affections.

NEW HOSPITAL AT ANN ARBOR.

The special election on July 3d, at which the people of Ann Arbor by a practically unanimous vote authorized the city council to donate a site for the new homœopathic hospital, is undoubtedly the beginning of a new era for the Homœopathic Medical College of the University and for the profession generally. A fine location has been selected, embracing about five acres, and situated quite near the College. The entire property, including the site and fully equipped hospital, will, when finished, probably be worth \$90,000. The hospital will be thoroughly modern and up-to-date in every respect and will have a fine lecture room.

There has been a most persistent and long continued attempt to cut out the homœopathic department, which has been equaled only by the untiring efforts of the faculty to prevent the removal, but the battle may now be said to be fairly won by the homœopaths. We are gratified at the result and trust that the work of such men as Holcombe and Dewey will be perpetuated in the teaching of this school.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

TRANSACTIONS OF CENTRAL NEW YORK SOCIETY.

The quarterly meeting of the Central New York Homœopathic Medical Society was called to order by the president, Dr. Carl Schumacher, at 11:30 A. M. *Members* present: Drs. Carr, Bresee, Dever, Follett, Grant, Hoard, Hoyt, Howland, Leggett, Nash, Ros-, Schumacher. *Visitors* present: Drs. Alliaume, Keese, Santee. The minutes of the December meeting were read and approved. Later, the censors received applications from Dr. D. E. Alliaume, Oriskany, N. Y., and Dr. J. Mumford Keese, Syracuse, N. Y.

The Organon, sections 262-263 was read by Dr. Grant. A paper treating of the subject of diet in acute diseases as presented in those sections was sent by Dr. A. R. Morgan, of Waterbury, Conn.

DIET IN ACUTE DISEASE.

Sections 262-3 deal particularly with the question of diet, and warn us against arbitrary interference with the natural appetite of the sick during acute diseases. They also enjoin "upon the physician and attendants to put no obstacle in the way of the voice of nature" (Dudgeon), or, in other words, "not to thwart nature by refusing to the patient anything he may long for" (Stratten).

The idea conveyed is that the instinctive craving of a patient sick with acute disease offers a better dietetic guide than the theoretical notion of others, "except in cases of mental alienation." This teaching is at variance with the universal practice

of the earlier homœopaths, at least in this country, for without exception, so far as I know, they were in the habit of furnishing every patient with a printed diet bill, forbidding some things and allowing others, to which the sick were rigidly confined. I enclose herewith an original diet table issued by the Homœopathic Medical College of Pennsylvania in 1851, and always used at their college clinic:

HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA, FILBERT ABOVE ELEVENTH STREET, DISPENSARY OPEN FOR PATIENTS DAILY (SUNDAYS EXCEPTED),
AT 12 O'CLOCK M.

Articles of Diet Allowed.—Water, black tea, cocoa, stale bread, rice, barley, milk, potatoes, beef, mutton, and any other article allowed by the physician.

Articles of Diet Forbidden.—Green tea, coffee, vinegar, cider, beer, ale, porter, wine and all alcoholic drinks, pork, veal, soups, unripe fruits, raisins, butter, cheese, fish, tobacco, herbs of all kinds and perfumery.

In 1853, when I began practice at Syracuse, every homœopathic physician there used a similar, or, perhaps, a more detailed diet list. This practice has, of late years, fallen into disuse. We are not to-day furnished a diet list with every prescription as was formerly done. Are they needed to-day, or not? If not, why not?

Certainly the pioneers of Homœopathy wrought some remarkable cures in their time, many of them, perhaps, unequalled by the average practitioner to-day, and the explanation, therefore, does not lie in a restricted diet, as their allopathic contemporaries used to claim, nor in the cessation of the customary heavy and injurious dosing, under the old practice. All the earlier practitioners of Homœopathy were men who were educated in Old School Medical Colleges; there were no others, and nothing but unsatisfactory curative results, under traditional methods, induced them to accept the doctrines of Hahnemann, which was done with all the enthusiasm of new converts, and they were more loyal to the doctrines than most modern practitioners are. They individualized their cases carefully and, whenever necessary, studied their Repertories at the bedside. Many of these pioneers, like Doctors Clary, Richardson and Loomis, of Syracuse, were leading members of the Old School and active in their Medical Societies. Dr. Clary was one of the founders and the President of the Onondaga County Medical Society. The men above mentioned began an investigation of the Organon with the avowed object of demolish-

ing Homœopathy, but ended in adopting it. Their conclusions gave great offense to their former colleagues and brought down upon their heads much intemperate denunciation. They were charged with being renegades, quacks and apostates. Their convictions were treated with scorn and contempt. It was stoutly claimed that whatever good grew out of Homœopathy was due to mental impressions and the regimen adopted, yet the detractors failed to accomplish similar results by attempting similar dietetic restrictions, accompanied by the so-called "expectant" treatment.

Like most inexperienced beginners, I knew more when I first began practice, or, at least thought I knew more, than I have ever known since, especially upon the subject of diet. But each experience dampened my ardor and took much of the conceit out of me, and, without knowledge of §§ 262-3 of the *Organon*, taught me "not to thwart Nature by refusing the patient what he longed for." I had two patients, both of them convalescing from typhoid fever. One, a man of positive character, made babyish from prolonged illness, begged for fried oysters, which I promptly forbade. He refused any other nourishment, and finally, to pacify him, I consented to his wife's frying him one, telling her, flippantly, if it did not kill him in a couple of hours she might give him another. To my amazement he got half a dozen, and, what is more, convalesced splendidly on fried oysters, which he never seemed to tire of. The next patient, convalescing in a similar way, clamored for Indian meal pan-cakes, and declined everything else. Of all things, next to fried oysters, it seemed to me then that pan-cakes were about the worst thing he could have chosen, but, remembering the oyster experience, the second patient convalesced handsomely upon Indian pancakes. Since that time I have been less positive in dictating the diet in acute cases.

Many of the articles contained in the old diet lists were objected to more on account of the fancied antidotal power possessed by them than on account of other incompatibilities. I have come to the conclusion that whatever the antidotal powers these objectionable articles might have exercised over small doses of crude medicines, or the low dilutions, which were used almost exclusively at that time, they exert little or no such antidotal influence upon the higher denominations of medicine. Formerly we were

in the habit of peremptorily forbidding the use of coffee, tea, tobacco and other articles deemed objectionable while under treatment; but now-a-days we are not so particular, unless we are able to trace some direct relation between the malady and the article to be prohibited. It often becomes necessary to dictate a special diet for special chronic maladies, but it is almost impossible to lay down any infallible rule in acute disease. Experience confirms the adage, "that in one man's meat is another's poison." What agrees with one may disagree with another. If you happen to have an imbecile or a mad man for a patient, an infant, or a person incapable of exercising sound judgment, you must, of course, do the best you can in the way of advice, but do not be disappointed if you do not always "hit it" right.

In cases of acute disease, as in convalescence, you will not go far astray by following the directions laid down in §§ 262-3 of the Organon.

A. R. MORGAN.

The paper was presented for discussion.

DR. GRANT was reminded by Dr. Morgan's cases of one cited by a physician of Fort Worth, Texas. The patient, who was dyspeptic, and a great sufferer, always craved hot breads, which, of course, had always been forbidden him. Finding, at last, that the self-denial was without benefit he began to eat them, and gradually recovered. The doctor thought that this case showed that an *instinctive* craving might occur in chronic as well as acute disease, and that it should sometimes be humored.

DR. CARR was reminded of the experience of a young physician, allopathic, of course, whose first typhoid patient convalesced rapidly, much to his astonishment, after a plate of sauerkraut. The doctor made a note of the fact, and prescribed it for his next convalescent typhoid fever case, an Irishman. The Irishman died. The next note made by the doctor was to the effect that "sauer-kraut was all right for the Dutchman but not for the Irishman."

DR. DEVER was called to a case of persistent vomiting that had been previously drugged in the regular manner. This patient insisted upon eating raw cabbage and vinegar, and fully recovered.

DR. SANTEE had a convalescent typhoid who begged for raw oysters. The doctor consented that the patient should try a few. An Old School physician, treating a patient in the same house, met the mother with the plate of oysters in her hand, criticised the permission given, and so frightened the woman that she set down the oysters until Dr. Santee should come again. In the meantime a neighbor came to sit with the patient who, hearing the patient clamor for oysters, and seeing the oysters, apparently ready, gave the entire plateful. The patient recovered rapidly, while the case in care of the criticising physician lingered for weeks.

DR. GRANT thought that had Hahnemann lived to-day he would have found one kind of food that a patient never conceived a "craving" for; *i. e.*, that modern product, *pre-digested food*.

DR. HOYT wondered if there was not a distinct difference, in these cases, between the psychological and physical cravings.

DR. ALLIAUME asked if we should consider these strong "cravings" as symptoms upon which to prescribe remedies, or whether the food should be given.

DR. CARR thought both might be needed and should act accordingly.

DR. SCHUMACHER reported a case in which the desired food caused a fatal ending. Ten or twelve years before he had practiced in the country, and had as a typhoid patient a young girl who lived some eight miles from his office. He saw her at noon, found her convalescing nicely, and left for home. He was tying his horse at the gate when a man rode up saying the patient was much worse. Dr. S—— drove back and found his patient in the last agonies, having had hæmorrhage. He could learn nothing that would show reason for the sudden change. Several weeks later, through a letter written by a sister to the lover of the sick girl, he learned that the sister had given the sick girl a few stewed oysters which had been greatly enjoyed. This was not to be told to the father, nor the doctor, because of previous injunctions. This example was quoted to remind the hearers of the condition of the mucous membranes in typhoid fever, and the great care necessarily needed to distinguish between the fancied desire and the natural craving described by Hahnemann.

DR. DEVER was also careful in typhoid states and always hunts for the medicine having the particular craving of the patient.

DR. SCHUMACHER said he was only trying to bring out the mechanical effect of solids passing over an ulcerated mucous membrane. He had had another typhoid case who continued to call for cookies. The sister of the patient gave the cookies, which act was followed by hæmorrhage and relapse.

DR. GRANT thought that it might be a question as to whether the two last were what Hahnemann meant by "instinctive cravings." He believed there might be an inordinate hunger brought about by the necessarily low diet.

DR. SCHUMACHER thought it might not always be easy to distinguish.

DR. ROSS recalled an instance, in two cases of convalescent typhoid, in which the patients demanded and ate pickles and had a relapse.

DR. HOWLAND thought first-class homœopathic practitioners had no cases of typhoid; that all such conditions were aborted.

The doctor was reminded that homœopathic physicians were often called late to prescribe for cases that had been previously over-dosed, or had never before been under homœopathic care, which made a very great difference in the care and control of a typhoid.

A paper from Dr. Hussey was next read on the subject of:

PROSTRATION AND DEFECTIVE REACTION IN ACUTE DISEASES.

The subject of this paper comprises two distinct conditions: *Prostration*, including collapse, usually caused by the nature of the disease, and *defective reaction*, caused by the dyscrasia of the patient. The former is more frequently met with in practice, is usually expected, and as far as possible anticipated in the treatment. The latter is more rare, is often unexpected, and it frequently cannot be anticipated in treatment. It is usually not easily overcome. Its causes are remote, not depending upon nor ending with the immediate acute disease, but reaching back into, perhaps, every sick condition the patient may ever have suffered, into the history of his ancestors, and are a part of the patient's constitution, likely to be with him as long as life lasts. Upon the

proper appreciation of these conditions, and the correct application of the indicated remedy, the success of the treatment of acute diseases often depends. These are not easily overcome, because the treatment is out of the domain of the acute affection and *within* that of chronic disease. In managing such cases we can bless our law of cure, and be thankful that our *Materia Medica* is rich in material applying to them.

Probably no remedy is more frequently called for in these conditions than "that great central remedy of our *Materia Medica*," *Sulphur*. Hahnemann and experience teach that the most universal dyscrasia which afflicts the human race is *Psora*, and that the remedy most frequently called for to correct that dyscrasia is *Sulphur*. *Psorinum*, however, is so nearly allied to it as to be of nearly equal importance. It is often difficult to discriminate between them.

If the patient has rather a light complexion, with an irritable temperament; rough, harsh skin; is subject to eruptions, has an offensive odor, and a decided aversion to bathing; or is a person of coarse fibre with coarse, harsh hair; disinclined to stand or walk erect; and subject to frequent faints; *Sulphur* should be chosen.

If the patient is pale, delicate, sickly looking, with nervous, restless, easily startled temperament, and has great despondency rather than irritability, and if that patient has a very similar condition of skin and odor from the body to the preceding example, with a more offensive odor of the excreta and of the pus secreting surfaces; a greater tendency to deep ulcerations, and less disinclination to bathe; *Psorinum* should be given. In personal use of the two remedies, I have found *Sulphur* more frequently needed where there was defective reaction to the indicated remedy during the course of an acute disease; and *Psorinum* more particularly in debility and lack of tendency to recover after the disease has practically passed; more in the convalescent period.

Most prominent among the remedies applicable to this want of reaction are *Cuprum*, *Carbo veg.*, *Laurocerasus*, *Opium*, *Capsicum*, *Valerian* and *Ambra grisea*. *Cuprum* when, with the lack of reaction, there is tendency of all of the *symptoms* to relapse. Particularly is it useful in persons who are thoroughly run down by

overtaxing the body and mind. It is often needed in pneumonia when the appropriate remedy fails to cure. *Carbo vegetabilis* particularly in cases of abdominal disease, where there is great coldness of the body; cold breath and rapid pulse; threatening collapse. *Laurocerasus* is indicated especially in diseases of the lungs which do not respond to treatment. *Laurocerasus*, *Valerian* and *Ambra grisea* are adapted to nervous cases, and *Capsicum* to flabby, lazy individuals of lax fibre. The indication for *Opium* is the stupid, drowsy condition of the patient.

The condition of prostration and collapse which is so often met during the course of acute diseases, is one in which there is a great tendency to use other means than the indicated homœopathic remedy, often, doubtless, to the detriment of the patient. The indications for remedies are often so clear, and the results of their administration so satisfactory, as to well repay care in their selection.

Probably no remedy is more frequently called for than *Arsenicum*. It is not so particularly indicated in sudden collapse and prostration as when in the course of the disease the motor, sensory and mental spheres are so profoundly impressed that there is the characteristic mingling of depression and irritation with the exhaustion. This is shown by melancholy, restlessness, anguish, irritability, feebleness of the heart and, frequently, by burning pains. The prostration differs from that calling for other remedies, in that, besides the above, while the surface of the body becomes cold—it may be as cold as ice—internally the patient feels as if full of fire, and there is an intense burning thirst for cold drinks, which usually are not tolerated by the stomach. The restlessness is greater than that of *Veratrum*, and the cold sweat on the forehead is less marked. If the patient lies in a stupor, it is broken by anxious moans and restlessness. He may come down to death and retain the characteristic restlessness. All conditions are relieved by hot applications and aggravated by cold. The characteristic mental symptoms of anxiety, anguish and fear of death are important guides. Sometimes there is stupor with dry, hot skin and twitching of the limbs, fingers and toes. Later, the dry, hot skin becomes icy cold, and is covered with a clammy sweat, while there is burning internal heat. Or

the cold, dry skin may alternate with cold, sticky perspiration. Briefly, "Great weakness, fainting, rapid exhaustion, very rapid and scarcely perceptible pulse, rapid emaciation and œdema of face and legs complete the picture."

One of our most valuable remedies in collapse from any cause is *Carbo vegetabilis*. It is called for when there is rapid sinking of strength, exhaustion of vital forces and impending paralysis of the heart. The pulse is weak and thread-like, the countenance sunken, the lips blue. There is decided lack of animal heat, with cold breath, weak respiration and cold extremities. The patient is covered with a sticky sweat, yet wants to be fanned all of the time. *Carb. veg.* is often indicated in the last stages of typhoid fever and, like *China*, after protracted loss of the fluids of the body—as after hemorrhages, during pneumonia and in cholera. It differs from *Arsenicum* in the absence of thirst and in being a sluggish, torpid remedy. It is particularly useful in threatening paralysis of the lungs in typhoid, after pneumonia and in old people. There are also symptoms of emphysema with loose rattling râles.

Camphor resembles *Carb. veg.* in collapse, particularly in Asiatic cholera, but is indicated in the beginning, when the poison has depressed and shocked the nervous system, rather than later, when exhaustion has ensued from vomiting and diarrhœa. The patient is icy, deathly cold, has a cold tongue, a husky or squeaky voice, dry skin or is in a cold sweat. Often the upper lip will be drawn upwards, showing the upper teeth. *Carbo veg.* would be indicated in a later stage when prostration is due to the drain of the discharges. Farrington recommends a few drops of the mother tincture of *Camph.* in water, and a dose given every few minutes until reaction sets in, when another remedy may be needed. It is valuable in sunstroke, in fainting from cardiac weakness and in vertigo.

Veratrum album is a remedy frequently indicated in collapse, the cramps in the calves of the legs and cold sweat on the forehead being characteristic. Its mental symptoms resemble *Belladonna* in many respects. There is delirium and restlessness; loquacity with earnest, rapid, loud talking; a desire to cut and tear the clothing, and to strike; anxiety; fright at imaginary

things; lasciviousness and lewd talking. The patient springs out of bed and rushes about the room as if to obtain relief. In fact, the distinctive difference between *Veratrum*, *Belladonna* and *Stramonium* is the coldness of body, cold sweat on the forehead, and the tendency to extreme prostration. It is very useful for cardiac debility following acute diseases, when the heart becomes so weak that the pulse is thread-like, the patient faints on moving and has cold, clammy hands.

In *Cuprum* we have another valuable remedy. Besides its use in defective reaction it is indicated where there are symptoms of collapse with intense coldness and blueness of the surface of the body, which is covered with a cold, viscid sweat. There is great prostration, the muscles of the calves and thighs are drawn up into knots. There is considerable distress in the epigastrium, with a dyspnœa so intense that the patient cannot bear his handkerchief to approach his face. In gastro-enteric conditions the abdomen is at first as hard as a stone, with vomiting, spasmodic and terrific, relieved by a drink of cold water; there is an irritation tending toward inflammation. This is soon followed by collapse and great prostration, from which it is difficult to rally. In pneumonia it is indicated by sudden suffocative attacks, coldness of the surface of the body and great prostration accompanied by a dyspnœa out of proportion to the amount of solidification. The effect of *Cuprum* on the nervous system must be kept in mind when looking for indications. It resembles *Bell.* and *Stram.* very much, but is a deeper acting remedy,

Secale cornutum is another remedy in collapse. The symptoms calling for it are sudden and great exhaustion. The patient is cold and almost pulseless, with spasmodic twitching of muscles in various parts of the body, and a spreading apart of the fingers and toes. His eyes are sunken, the features pinched, and there is frequent spasmodic retching without much vomiting. The surface of the body is dry, harsh and shrivelled, as though there was no moisture left in the system. The urine is suppressed, there is tingling all over the body. The patient, though very cold, cannot bear to be covered. *Secale* acts very prominently on the gastro-enteric organs; the stools are undigested, involuntary, watery and very offensive, followed by intense prostration. It

has many symptoms in common with *Ars.* yet the differences will readily occur to you. The *Ars.* patient is relieved by heat and wants to be well wrapped up; while the *Secale* case wants to be uncovered, no matter how cold he is. *Ars.* lacks the tingling present when *Secale* is indicated. *Ars.* has more restlessness, anxious tossing about and irritability of fibre. *Secale* may be distinguished from *Camphor* by the violent thirst, and by the fact that the cold spells of *Camphor* often occur at night, passing away with the night.

Opium is useful in typhoid fever with profound cerebral congestion, resulting in paralysis of the brain. This patient has a deeply flushed face, and dropping of the lower jaw, and stertorous breathing. Often his body is bathed in hot sweat. *Opium* is useful in cholera infantum, where the brain is involved and there is an advancing stupor with contracted pupils; this condition may have been preceded by diarrhœa or vomiting. *Opium* given when these symptoms are present will be followed by a return of the consciousness and diarrhœa, from which the patient recovers. It may be given when, after the diarrhœa has lasted awhile, stupor begins.

China occupies a peculiar place in relation to the subject under consideration. By the pathogenesis obtained from those who have taken it to a fatal result we should suppose that it would be one of the most valuable remedies in prostration and collapse produced by any cause. But Hahnemann taught, and we verify it from clinical experience, that it is adapted only to those cases in which the prostration or anæmia is caused by the loss of fluids from the body. In those cases it is invaluable. The Old School use it in all forms of debility, but its action in most of them is evidently purely stimulating. It is only in the cases caused by the loss of fluids that it seems to be really curative. Hence, during or after hæmorrhage, diarrhœa, dysentery, cholera infantum, profuse sweat, profuse suppuration, etc., it is invaluable. The acute symptoms are well marked, as we often see them after a long-lasting cholera infantum. The face is sunken, the patient drowsy, the pupils unusually large, the breathing rapid and superficial, the stools involuntary, the surface of the body rather cool, particularly the prominent parts of the face.

Other remedies particularly indicated in prostration are *Phosphorus*, where the onset is sudden and the nervous system is exhausted. *Phosphoric acid*, when it is of a similar nervous origin, but accompanied by an apathetic state of the mind and drowsiness, from which the patient is easily awakened. *Zincum*, when the brain becomes affected in the course of nervous diseases, like scarlatina, etc. *Colchicum* and many others are useful, indications for which would be of interest to present if time allowed.

A word regarding the use of drug or alcoholic stimulants in this connection. In cases where, in the ordinary conditions of health, with the tissues fairly well nourished and supplied with the elements necessary for reaction, the patient has been subjected to some sudden shock or prostrating influence, which has suddenly incapacitated the forces necessary for recuperation, I can conceive that the prompt giving of a stimulant might produce just the effect needed, and be just the thing to do. But, during or after a more or less protracted illness, when the tissues are poorly nourished or exhausted, and their vitality low, their administration must be mischievous and fraught with danger to the patient. Such stimulants add nothing to the tissues, correct nothing, in fact, *can* do nothing but arouse an increased action in exhausted tissues, which quickly uses up what little vitality there is. This procedure would spoil a curable cases which only lacked the application and full effect of the curative remedy.

E. P. HUSSEY,
Buffalo, N. Y.

Motion was made, seconded and carried that the essay should take the course usual to the papers of the Society. The paper was presented for discussion.

DR. DEVER complimented the writer of the very excellent paper, but took exception to an expression that has crept into homœopathic literature, *i. e.*, "when the indicated remedy fails to act." He believed it to be a false conception, and that homœopaths knew when a remedy failed to act, it was neither "appropriate" nor "indicated," and yet they continued to make use of the term. He believed that the *curative* was always the "appropriate" and "indicated" remedy.

DR. ROSS thought that the use of the word "similar" would overcome the difficulty.

DR. ALLIAUME said that in teaching Dr. H. C. Allen had used the word "apparently," *i. e.*, "when the apparently indicated remedy did not act."

DR. ROSS thought that Dr. Hussey had plainly shown, in his delineation of the difference between *Sulphur* and *Psorinum*, that it was often a difference of degree only.

DR. NASH acknowledged the great similarity of certain remedies under certain conditions, and the difficulty of correct decisions.

He remembered a time when many of the remedies now in common use were unknown; when *Cactus grandiflorus* was unknown. He remembered a time when physicians were taught to give Sulph. to rouse to action the vital force. He had been astonished during the previous winter to find *Stillingia* the curative in a case of syphilis, secondary stage. He said that he had been led to the choice of that remedy by the extreme aching of the legs.

DR. LEGGETT presented a protest to the wide misunderstanding of the question of chronic miasmatic disease as taught by Hahnemann.

A PROTEST.

I am moved to quote for my personal benefit the XIIIth chapter of Corinthians before protesting to the various mis-interpretations of Hahnemann's philosophy of the chronic miasms which seem to have crept into homœopathic literature. I question, at times, the feasibility of a censorship over the homœopathic press in order to avoid the criticism, which falling not on the interpreter but on the master, clouds his plainest truths by inefficient explanations. That an attitude of reverence should be observed toward all of the mysterious phenomena of creation is true. But that it should be considered necessary to become a Christian Scientist, Buddhist or Theosophist to undersand the plain text expressed in the Orgnon and Chronic Diseases concerning the law of progressive miasmatic disease is not intelligible.

It is comparatively easy to show the similarity of drug provings to natural or acute disease, and to prove their efficacy. The likeness of the symptoms produced by a drug, in its various

forms, upon the healthy organism is so similar to symptoms found in the sick of fevers, contagious diseases and functional disturbances that there is little need for effort to promulgate the doctrine of Similia. It is, also, easy to explain the conditions termed sub-acute; disturbances of function by overtasking an organ, or perhaps, sympathetically and finally, many organs, until functional perversion saps the strength and exhausts the entire system. These conditions, often amenable to relief by removing the continued strain, are also amenable to a quicker and more satisfactory adjustment by the similar remedy.

Chronic disease, as taught by Hahnemann, is progressive and has no tendency in itself to resolution. Its first and simplest manifestation is upon the external and most distant parts of the body; it may "descend from father to son of the third and fourth generation," and is *naturally* alleviated only in "those that love and keep the commandments." It can be suppressed, or progress by metastasis from the outermost, inward and upward to the life centers. Its name is changed by pathologists at each step, at each organ attacked, and at each form of attack. It is recognizable by these tendencies and by observation of the results of local treatment to psoric skin diseases, syphilitic chancre, and gonorrhœal urethritis. That only is chronic disease which can be driven in upon the organism in the manner described, "from below upward, from without inward," and can only be healed by a reversal of the progression, *i. e.*, bringing it again to the surface.

Hahnemann proved his position in regard to the progression and retrocession of chronic disease by referring to the archives of medicine, following the course of each suppression and each resolution, setting down the results of his investigation in an overwhelming number of cases in a multitude of phases. Hahnemann then pursued an inquiry for signs of the presence of a chronic miasm at the bedside of his patients whom he had treated successfully. He was careful to note subjects in whom a miasm was uncomplicated; in whom there was no possible history of one, or both, of the other two miasms which he had demonstrated as existing causes for many disease manifestations. He recorded such abnormal signs as had existed since the confessed

primary lesion, and such signs or symptoms, so existing, as had become active under extraordinary pressure of business, pleasure, exposure, etc. These, compared with others of like history, made the remarkable list of the signs of chronic disease.

It would seem that with this lesson of observation before us it would be impossible to mistake the manifestations of chronic miasmatic disease by the history of the case presented. A disease, *no matter what its power of contagion*, cannot be considered as *causing* a chronic miasm except it can be suppressed and progress by changed manifestation. Disease may be an off-shoot of a chronic miasm, while it is unable to cause it

This seems a plain understanding of Hahnemann's chronic miasms, who, by the way, has, in this sense, newly applied the word miasm.

S. L. GUILD-LEGGETT.

A discussion on the treatment of appendicitis followed, most of the members participating, and giving their experience which proved the efficacy of the similar remedy and its superiority to surgical interference.

Motion was made, seconded and carried, to adjourn until June.

S. L. GUILD-LEGGETT,
Secretary.

MATERIA MEDICA NOTES.

E. W. BERRIDGE, M. D., London, England.

(1) Miss S. complained of shooting pains across forehead, from right to left, all day. *Mezereum* 103 m. (F. C.) removed it speedily. This symptom I could not find in the provings, but I had added it to my MS. Repertory, probably from some clinical source. Having been thus twice cured, it may be considered reliable. Under "Shooting across forehead from left to right," I have recorded *Squilla*.

(2) 1890, August 25th. I took one dose of *Lycopodium* m.m. (H. S.) at 10:45 A. M. On August 29th had the following symp-

toms: Stream of urine slow, feeble, towards the end stopping and then flowing again. Several ineffectual attempts at stool, anus seemed closed; then had stool; it felt as it passed like diarrhœa, but consisted of a number of very small lumps.

(3) 1893, December 15. Sent Mr. B. *Phosphorus* c.m. (F. C.) for catarrh of chest. It was to be dissolved in water and a spoonful taken three times daily till better. He continued it unnecessarily until Dec. 18th, when he complained of the following new symptoms: On 17th and 18th had great pains in limbs, flying about all over him; one moment in feet, the next in knees, then flying up to shoulders and arms. These pains seemed mostly in the muscles. Also had great pain in thighs and calves, as if he could not find any place to lay them down comfortably in. These pains were intermittent, but had all the time a most excruciating pain in lower part of back and loins. Bad headache over right eye and some fever at night; could not sleep well. He took the last dose in the forenoon of Dec 18th, and by 5 P. M. of the same day the pains were less, and by December 20th they had gone.

(4) 1893, January 16th. Mr. B. has had much pain in loins and in muscles of right thigh; and on evening of Jan. 12th the pain concentrated itself in the right buttock, becoming intense and excruciating, as if the part were strongly gripped with a hand. On 15th the pain, more especially in the right buttock, became almost unbearable. It is now very tender and sore to touch, as if he had had a tremendous bruise there; he cannot sit or lie upon it without pain, and it is also very painful when walking. *Causticum* c.m. (Fincke) improved him at once; he soon was cured, and when I saw him on May 4th there had been no return.

(5) 1894, June 22d. Mr. B. wrote that this morning when stooping during his bath had a sudden pain across loins, and it is still painful. It is not felt when sitting, but is painful when walking or moving; it makes him want to bend nearly double and draw in the abdomen. *Menyanthes* 45 m. (Fincke) cured.

On Feb. 24, 1895, the same patient was sponging himself—his bath at 9 A. M.—when he felt a click in left sacral region, as if something had given way there; since then has had a return of the symptoms of the former attack. The pain this time is relieved

by passing flatus. Cannot move in bed without pain in sacrum like a knife. *Menyanthes* 45 m. (Fincke) again cured him.

(6) On February 8th I took two doses, of 25 drops each, of the tincture of *Sabal serrulata*. On February 10th, in the evening, after apparently completing urination, had repeated urging to urinate, but only a few drops passed, and as they passed there was some burning in orifice of urethra, and sometimes an aching tingling in hands.

(7) *Castoreum* 10 m (F. C.) removed the following symptoms: *Cervix uteri* painful when touched in examination, a bruised aching pain. Heart flutters; conscious of every beat; it shakes whole body; loud throbs; every effort causes quick palpitation. Has to take deep breaths. Mammæ hot, enlarged, painful. Face hot, hands cold. Alternate heat and cold with shivering; great drowsiness. Urging to stool from sensation of pressure in rectum. Sensation of pressure on *cervix uteri*, like a finger. Left lumbar region feels cold, as if air were blowing on it; it feels stiff, and is painful on moving body. Must bend forward to relieve pain in uterus. Frequent yawning, which relieves feeling of indigestion. Yawning with abdominal symptoms is very characteristic of *Castoreum*, and has been verified by the late Dr. David Wilson and myself. *Bovista* and *Hæmatoxylon* have a similar symptom. (See Materia Medica for all three.)

(8) Mrs. R. had the following attack: First there was at pit of stomach a raw feeling as if a block of salt were there, causing a maddening pain like toothache between scapulæ. Then sudden darting pains between scapulæ, occasionally. Then aching pain in stomach. Then the shooting between scapulæ becomes sharper. Then there is aching pain on either side of trachea, and when she touches the spot it darts to stomach-pit. The pain makes her breath short. The pain extends to abdomen, and round umbilicus she feels as if everything were caught up. If she inhales cold air she feels it go to stomach-pit. Very restless. Has had four such attacks; they last for twenty-four hours; coughing, sneezing, or moving aggravates the pain. The pain makes her swear to relieve herself. *Corallium rubrum* 1 m. (Jenichen) soon cured; she felt much better after each dose. She has had no return of attack, though six months have elapsed.

(9) 1898, May 10th. Miss G. had fine needle-like pains in right eye, darting forward transversely toward inner canthus; it is very severe. One dose of *Rhododendron* 52 m (Fincke) relieved the pain at once, and she was soon quite free from it. In my published Eye Repertory *Rhododendron* is given under right eye, shooting forward; and also under right eye, shooting inwards. See symptoms 113, 125 in *Encyclopædia*, also *Guiding Symptoms*, which contains a similar symptom cured by myself.

FRANZ HARTMANN.

Of this distinguished man Rummel says: Hartmann was born in Delitsch on May 18, 1796, where his father was school teacher. In the year 1810 we find him as a weakly boy of fourteen at the lyceum in Chemnitz, preparing for the study of theology, and instructing the children of poor weavers so as to satisfy his few wants. Soon he became convinced of his unfitness for the career he had chosen and the wish of becoming a physician increased in him because his former fellow-student, Hornburg, in his vacation, was already making successful attempts at curing. In Leipsic, whither he went as student in his eighteenth year, he became the room-mate of Hornburg, who had exchanged theology, his first choice, for medicine, and who was a great admirer of Hahnemann. For Hartmann this nearer acquaintance with Hornburg was advantageous, as he appropriated to himself a good deal from his thorough knowledge of medicine and through him became acquainted with Hahnemann. The founder of Homœopathy soon exercised his full power of attraction over Hartmann, who entered the Provers' Union, founded by him, and also frequently visited his family circle. Here the full aura of enthusiasm for the new doctrine reigned, and this strengthened the disciples to work and also bear the contempt and mockery which the other students meted out to them unsparingly.

In March, 1819, he received his diploma in Jena and returned to Leipsic. Here he reported to the Dean for the examination incumbent on everyone who received his diploma in another university, but at the Dean's death he neglected to repeat his report

and in the meantime he treated patients although not legally entitled to do so. This coming to the notice of his opponents he was summoned before Dr. Clarus, the medical counsellor, who hated Homœopathy with all his heart, and who overwhelmed Hartmann with reproaches and threatened him with the severest punishment if he dared to practice again before the Counsellor ordered his examination. He found himself in a very unpleasant position, for although he would gladly have been examined the next day, having studied diligently and feeling confident of his readiness, he must needs wait until this gentleman was pleased to call for him and in the meantime could earn nothing. The Secretary of the Faculty, who was friendly to Hartmann, dissuaded him from being examined at Leipsic, as he should certainly fail in spite of all his knowledge. After studying some time in Berlin he reported in Dresden for an examination, and, being successful, settled the same year in Zschopau as a practicing physician. Homœopathy was not unknown in the vicinity, as the son of Hahnemann had a short time before dazzled the people of the neighboring town of Wolkenstein by his wonderful cures. Hartmann's method being at variance with that generally prevailing soon brought notice, and the more so as he succeeded in making some brilliant cures.

About this time he met, at an appointed meeting in Freiburg, Trinks and Wolff, whose attention had been called to the new doctrine in Dresden. These neophytes eagerly interrogated the young teacher, who himself was in many respects as yet inexperienced as to remedies for certain definite forms of disease. The vivid questions and explanations on this occasion were the first impulse with Hartmann toward the therapy afterwards written by him. The appearance of the *Archiv für die homöopathische Heilkunst*, founded by Stapf, Gross and M. Muller, was of particular influence on Hartmann, because it led him to become a writer, by which he became later on so universally known.

Hartmann removed to Leipsic in 1826, where he had sufficient leisure for writing. I made his acquaintance at this time and this became a real friendship which lasted till his death.

Hahnemann's jubilee was the cause of the establishment of the Central Union, and roused the thought of establishing the Hom-

œopathic Hospital which Hahnemann so eagerly desired. When this hospital was completed M. Muller and Hartmann were chief physician and assistant, until Schweikert entered upon the office. On two subsequent occasions Hartmann filled the position of chief physician in the hospital.

After his clinical reports in the *Archiv*, the first independent work was an article on *Nux vomica*, and when this found applause he worked out similar articles on *Chamomilla*, *Belladonna*, *Pulsatilla* and *Rhus tox*. He was the author of several works on dietetics and therapeutics, the most important being *Therapeutics of Acute Diseases*, which found a very wide dissemination. In 1832 the *Zeitung* was started, and Hartmann had charge of the critical department.

His friends celebrated on the 29th of March, 1844, a jubilee in memory of the twenty-fifth year of his doctorate. During the year 1836 he filled the honorary position of president of the Central Union. He was elected also as a member of French, American, Italian, Irish, and English homœopathic medical societies.

Gradually complaints of the liver, chest and heart showed themselves, which for years confined him to his room without quite interrupting his activity, until this was finally ended by his death on the 10th of October, 1853.

BACK NUMBERS. Forty-three lectures on Materia Medica and twenty-four lectures on Homœopathics have now appeared in the JOURNAL. These will form quite a text book for students and recent graduates. Back numbers from Vol. I., No. 1, can be supplied. New subscribers taking the back numbers will get the reduced rate of \$5.00 for the three years.



DR. CARL HAUBOLD.

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DEPARTMENT OF MATERIA MEDICA.

ALOE.

Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.*

Aloe has a peculiar engorgement of the veins, causing stiffness and fulness throughout the body; but the greatest disturbance is in the veins of the portal system, with great fulness in the region of the liver and abdominal, rectal and intestinal fulness. This is associated with hemorrhoids. It has all sorts of abdominal pains that drive him to stool like *Nux vomica*; cutting pains around the navel. Pains about the navel that shoot down towards the rectum, cutting like knives. Dysenteric and diarrhœic troubles. In the attacks of diarrhœa there is much gushing of thin, yellow, offensive, excoriating feces which burn like fire, and the anus is sore. He holds the stool with difficulty, does not dare take his mind off the sphincter because as soon as he does so the stool will escape. He cannot let the least quantity of flatus escape, because with it there will be a gush of fæces. With the Aloe diarrhœa the abdomen is distended with gas, causing a feeling of fulness and tightness almost to bursting and he must go often to stool. Little ones, soon after they begin to walk, will drop all over the carpet, involuntarily, little yellow drops of mucus and fæces. The mother sometimes punishes the little ones, but they cannot

* Stenographically reported by Dr. S. Mary Ives.

help it; they cannot hold the stool, and it is passed involuntarily. There is a lack of control of the sphincter. This state is not always confined to diarrhœa, because sometimes children will go around dropping, involuntarily, little, hard, round marble-like pieces of stool. They do not even know the stool has passed; it is expelled unconsciously. There is often relaxation about the rectum and protrusion of the anus, with gushing bleeding from the piles. Every mouthful of food hurries him to stool; drinking water will often hurry him to stool.

Now I am going to tell you a condition for which I have used Aloe for a number of years. It is only clinical, yet it is quite reliable. Very often our Philadelphians run down to Atlantic City and go to the Inlet, and they take up in the breeding season these fresh oysters out of the water, and as a result a great many get a violent diarrhœa. Aloe will cure them. Study the symptoms closely and you will probably be led to Aloe, as I have, a great many times. You might be disposed to give *Lycopodium*, because in the old text books poisoning from oysters is laid down under *Lyc.* I do not know that you would be justified in saying poisoning from oysters in season is *Lyc.*, and out of season is Aloe, but there is a tremendous poisoning effect about oysters in the hot weather, and in the breeding season, that is not found at any other time. A great many people become nauseated, bloat up, purge tremendously, vomit everything for several days, after eating oysters. Now when that group of symptoms is present *Lycopodium* will cure it and will remove the tendency to get sick from oysters. But if you notice those who get sick have a cholera-like trouble from eating oysters in the hot season you will find that that is where Aloe is the remedy.

This remedy is not well proved, hence I have first referred to the things it is used for clinically. It is more nearly related to *Sulphur* in its venous condition than to any other remedy. If you study together, side by side, *Kali bi.*, *Sulphur* and Aloe, you will be astonished at their wonderful relation as to the stomach and bowels.

Among the few mental symptoms, we notice, "She knew she would die in a week." "Life is a burden." "Disinclined to move." Very little is brought out by which we can distinguish it ;

only a few things common to many remedies are given. The Aloe patient is an extremely excitable patient when under the influence of pain. He is very sensitive to pain, and the pains are generally in the abdomen. Colic-like pains, flatulent pains in the abdomen, that drive him to despair; he becomes extremely irritable and excited in his attacks of colic. A little symptom that is somewhat doubtful, is, "Hates people, repels everyone."

The head congestion, which occurs during the bowel disturbance, is a sort of venous stasis such as is found in the portal system. "Headache across forehead." "Headaches aggravated from heat, ameliorated from cold applications." Aggravation from heat and relief from cold runs through Aloe. He wants to be in a cool room; feels hot and flushed and roasting; the skin is often hot and dry; he wants to be uncovered at night in bed; burning of the extremities, hot hands and cold feet, or cold hands and hot feet; these alternate. The head feels hot and he wants something cool upon it. This is from the heat of the surface, not fever. Sensation of heat in the surface, feeling of congestion and fulness of the surface of the body; fulness and engorged veins all over the body. Bleedings are common in this remedy, as you might suppose, venous oozings from the nose, the bowels, the bladder; bleeding in general. The veins become varicose and the skin is hot. Much heat in the orifices of the body; the eyes, mouth and throat are hot and burn. There is a sensation of dryness, burning and excoriation about the anns.

Under "Eating and Drinking" we find "Soon after supper growling in abdomen." There are colicky pains in the bowels from eating and drinking when there is no diarrhœa, even when there is a state of constipation.

This remedy is useful for the complaints of old beer drinkers. Diarrhœa brought on from drinking beer. In persons who have a diarrhœa every time they drink beer you will most likely find that Aloe will agree with the symptoms, but sometimes it will be *Kali bi.*, for these two remedies are very similar as to their stomach and bowel symptoms. In a man who says he had to give up drinking beer because it always brought on a diarrhœa, you will generally find these two remedies similar to his symptoms, but sometimes you will have to hunt out an entirely new

one. "Belching with oppression of stomach." Here is another instance of the tendency to capillary and venous engorgement. "Vomiting of blood" and blood from the bowels.

The liver comes in for an unusual amount of disturbance in Aloe. There is much pain in the hepatic region, burning and heat, etc. Mostly in the right side, and generally in the right hypochondrium you will find distension and fulness. It is pre-eminently a liver medicine, one that seeks out and operates upon the liver. It is not as deep in its action as *Sulphur*. You will often find that Aloe will serve as a palliative half a dozen times, when it will have to be followed by *Sulphur*, *Sulph ac.*, *Kali bi.*, or *Sepia*, the medicines that follow Aloe and are complementary to it, finishing its work. Aloe will make a good beginning in these liver troubles when there is a great fulness, distension, stitching pains in the region of the liver and a dry, hot, burning skin, with no increase of temperature. Aloe has some fever, but this sensation of heat of the skin and dryness is without fever and is such as is found in psoric patients. The proving has not been sufficiently extensive to demonstrate whether Aloe produces eruption to any extent or not, but if such could be proved this would place it among the anti-psorics. It certainly does wonderful and strange things, yet so far as it is known it is only a short-acting remedy. It is not a deep long-acting constitutional remedy like *Sulphur*, and yet it is not so short-acting as *Aconite* or *Belladonna*. Complaints come on only with a moderate degree of rapidity. It may be associated very well with *Bryonia*. *Bryonia* does not go so deeply into the life substance as *Sulphur*.

Perhaps one of the most striking features of the abdominal state is the fulness, distension and rumbling. It seems as if the abdomen would burst and the rumbling is so great that it can be heard by anyone in the room. It keeps on one continuous gurgling. The stool gurgles out with a noisy rumbling, like water out of a bung-hole. The text of the earlier writers speaks of it as a sputtering, for while the stool is passing out it is accompanied by much flatus which gurgles and splutters. The abdomen seems to be as much distended as ever even after great quantities of flatus have passed. There is no relief. The pain is especially felt across the abdomen, above the hips. Great distension as if the

abdomen would burst across¹ the transverse colon, and also in the ascending and descending colon; pain, gurgling, rumbling, heaviness, and feeling of pressure outwards. "Twisting and griping pain in the upper abdomen, around the navel, compelling him to sit bent up, which relieves." "Feeling of weakness in abdomen as if diarrhoea would result." The weakness is sometimes very great, so much so that he is compelled to go right to bed with the diarrhoea, and you will often mistake it for *Podophyllum*, so great is the exhaustion. *Pod.* has great distension, tremendous gushing, much flatulence, great rumbling in the bowel and the trouble comes on at 4 o'clock in the morning. Aloe is like *Sulph.* again, in that it drives him out of bed in the early morning with diarrhoea, and there are times when he puts the feet out from beneath the covers to cool them off; the soles of the feet burn and he uncovers them. Griping in the abdomen, feeling of weakness in the abdomen. "Painfulness in whole abdomen, especially in sides and along both sides of navel." So sensitive is the abdomen that he can lie in no comfortable position. I have seen these patients lying on the back and unable to get off it, because of the great distension and suffering, and when compelled to get up to stool it caused intense suffering. "Dull, abdominal pain as after taking cold, morning and evening repeatedly."

Now here are abdominal symptoms that relate to the condition of the woman and not to diarrhoea. "Feeling as if a plug was wedged in between symphysis pubis and os coccygis." "Labor-like pains in the groins and loins worse when standing." Aloe has cured prolapsus of the uterus of long standing when it was associated with fulness, heat of the surface of the body, tendency to morning diarrhoea, dragging down of the uterus and sensation of a plug wedged in between the symphysis pubis and coccyx. The outward pressure of the uterus causes that sensation. Dragging down as if all parts of the pelvis would push out. A funnelling sensation in the vagina, in the pelvis.

"Urging to stool, only hot flatus passes, giving relief, but urging soon returns." The idea is that it compels him to go to stool, but when upon the commode nothing but wind passes. It is useful also in old chronic sufferers from this trouble, those who suffer from constipation, who go many days without a stool, but feel

every little while, or several times in the day, that they must go to stool and then only a little wind passes. *Natrum sulph.* will very commonly overcome that state, or rather I had better put it that *Natrum sulph.* will very commonly be found to cover that state while many other remedies have it as a symptom. "Lumpy, watery stool." That is a strong feature of Aloe; hard lumps mingled with a watery stool; the lumps are in the water or in the liquid fæces; little hard lumps looking like marbles or sheep dung. In the constipation the stool is lumpy, like marbles. Sometimes these little nodules remain in the rectum a long time without any urging to stool, and finally escape unconsciously, being found in the clothing. Entire loss of sensation in the anus, an anæsthesia; no feeling during the passage of the stool.

Much of the Aloe trouble is dysenteric in character, with a sharp, inflammatory condition of the rectum and lower portion of the colon; bloody discharges and yellow, jelly-like mucus. Sometimes the Aloe patient will pass nothing but large quantities of this catarrhal, jelly-like mucus. Don't forget Aloe for hemorrhoids that form like a bunch of grapes. "Itching and burning in anus, preventing sleep." He is compelled to bore with the finger into the anus; so violent is the itching that the patient cannot let it alone; it seems it will drive him to distraction. He gets relief only from applying something cold. A common feature of Aloe is that ointments increase the burning. There is increased burning of the skin round about the ulcers after applying an ointment. The *Sulphur* patient also cannot bear any application; it is poisonous to him and he breaks out in eruptions.

Wherever a mucous membrane is inflamed there is formed a deposit of thick, jelly-like mucus. If there is an ulcerated spot or aphthous patch or inflamed surface, a thick, jelly-like cake of mucus may be peeled off almost as thick as leather at times. At times the lower portion of the rectum is in this state and the patient will say that the lumpy stools are caked in jelly. The lumpy stools in *Graphites* look as if embedded in coagulated white of egg. Sometimes the Aloe patient, before having a stool, will expel a teacupful of thick, jelly-like mucus which has occupied the lower portion of the rectum. Aloe cured a case of stricture of the rectum in which it was indicated by this symptom. The

stricture prevented nearly all fecal matter from getting down to the anus, but the rectum would fill up three or four times a day and compel the patient to expel a quantity of jelly-like mucus. The fæces that could be forced through were scarcely larger than a pipe stem. It has been said that our medicines are not capable of curing strictures, but they sometimes do cure strictures. If they can cure the patient it is marvellous how nature will take up all that inflammatory tissue and the canal become normal. This thing has been seen many times in stricture of the urethra and stricture of the rectum.

AMBRA GRISEA.

On looking over this remedy as a whole it will appear to you that you have been studying the characteristics of one *prematurely old*. You will often see symptoms coming on in one at fifty years of age that should appear at eighty, and after studying this remedy you will see that the same aspect is presented, a premature old age. What are the peculiar things that belong to old age? We recognize trembling and a peculiar kind of feebleness that cannot be described by any expression but senility; it is not the confusion of mind belonging to sickness, but the peculiar state we recognize in old people, in declining life; trembling and tottering and a dreamy state of mind with forgetfulness. He goes from one subject to another, asking a question, and, without waiting for it to be answered, asking another. And so he jumps about from one topic to another. It can hardly be said to be confusion, it is a dreamy state of mind, a state of senility. This remedy is useful when such a state is found in young persons, when the mind is not insane and yet it is weak. Especially is it indicated in those persons who manifest a momentary, fleeting inquisitiveness, *jumping from one subject to another*. Many a time a patient starts out and asks me one question after another, never waiting to have the first one answered, a flitting, flighty talker who does not seem to realize that I have not answered his questions; that patient, I say to myself, needs Ambra grisea. That state of mind belongs to modern society women in such

great frequency that you will be astonished to note it on all hands. A modern society belle that could not darn the heel of her stocking to save her soul will in a few years get into just that state, and even Ambra will not cure her. But there is a kind of nervous sickness manifested by these symptoms that Ambra grisea will cure. Alternation of depression of spirits with vehemence of temper is another feature That naturally belongs to old age. A period of greatest excitability is often followed by depression, a state of indifference to all things, to joy, to grief, to people, etc., treating with indifference things that would naturally break the heart of a well-balanced person. He does not even wonder why he is not excited over these wonderful things, so decided is the state of indifference. Many of the complaints are *worse in the morning*. He gets up with confusion and dulness of mind and is in a dreamy state and towards evening he takes on symptoms of insanity.

Ambra is one of the most frequently indicated medicines in simple, unqualified *vertigo* of old men. So dizzy that they cannot go out on the street; so dizzy upon getting up in the morning that they must wait a while until they can get around on their feet. It is the dizziness belonging to senility and to premature old age. Now, when this man undertakes to meditate upon something his ideas are whisked away. It is a sort of confusion with *vanishing of ideas*. He has to make an unusual effort a few times to bring his thoughts back to the place before he can concentrate the mind to meditate upon some idea. But while concentration of the mind is difficult, he is compelled to sit and *dwell upon most disagreeable things* that force themselves upon him and he cannot get rid of them. It is somewhat analogous to *Natrum mur.*, but the peculiar feature of *Natr. mur.* is that she delights to dwell upon past unpleasant occurrences and lies awake at night thinking upon them. Ambra grisea is forced to dwell upon such things. Images, false faces, hideous imaginations, fancies and visions annoy him and keep him awake. In the semi-dreamy state he is kept holding up before his mind these grimaces. Such a state of mind may come on from business embarrassments with vertigo, congestion to the head and brain fag.

One thing running all through this remedy is that the *presence*

of other persons aggravates the symptoms. A woman, when attended by a nurse, is unable to have a stool without sending the nurse into another room. In spite of much straining she can do nothing unless alone. It is said in *Natr. mur.* that the patient cannot urinate in the presence of other persons. The urine will not start when anyone is around. That is a sort of general feature of this remedy. Confusion of mind and embarrassment in the presence of other persons. Embarrassment in company. As soon as he goes into company there is flushing, trembling, nervous excitement and the thoughts vanish. With these symptoms the patient imagines that he is going out of his mind, and finally he settles down into a state of *melancholy*, sadness and despair, and does not want to live. He loathes his life and wants to die. "Great sadness." "Melancholy, sits for days weeping." Such is the mental state of this prematurely old patient with broken down constitution. It is the picture of a wreck and the question will arise when you find a patient that looks and acts in this way whether you have received him in time to cure him. You readily see you have before you one who is going down hill and going into insanity of one form or another. A physician sees the forerunner of a great break down when he sees an Ambra grisea patient with the nervous mental state, the quivering, trembling and excitement in one who was once a strong, vigorous man. Some great business or domestic shock has come upon this patient, breaking him down, and he is a wreck. It is not the aspect you see when phthisis is coming on; you do not see the cachectic condition, but it is a prostration of the nervous system, a mental prostration. A man goes through the trial of one death after another in the family until he has lost all his friends and there seems to be nothing remaining; he cannot look at it philosophically; he has lost his business and his friends and then he takes on this sort of dreaminess and wonders whether life is worth living. Then it is you get the Ambra grisea aspect.

Many of the complaints come on in the *morning* and many come on *after eating*. "Vertigo with feeling of weight on vertex; worse after sleep," but especially in the morning. It is not mentioned in the text but it is also worse after eating. "Had to lie down on account of vertigo and feeling of weakness in stomach."

Running through all the nervous symptoms we have spoken of *music is intolerable*; music makes him tremble, aggravates his mental symptoms and gives him pain in the back as from a hammer. A number of physical symptoms are brought out by listening to music. The tones seem as if they were a material substance taking hold of him.

Complaints are often *one-sided*; perspiration on one side of the body or perspiration on the affected side. "On right side of head, a spot where hair when touched pains as if sore." The same sensation is in the skin, oversensitive to touch. "Scalp feels sore in morning when awaking; this is followed by a sensation of numbness." The word *numbness* you will find running all through the body and all through the complaints. You will find a peculiar kind of numbness, such as belongs to old people. Diminished sensibility of the parts; feeble circulation.

Again, we find under the eye symptoms, "Dulness of vision as if from looking through a mist." There is dimness of vision coming on without any condition in the eye that would justify it. It is a nervous dimness of vision, a senile paralysis coming on. "Itching on eyelid as if a sty was forming." *Itching* is felt all over the body, the whole body itches; itching in all the cavities and in all the little openings.

Among the symptoms that are not in the text and that are decided symptoms belonging to this remedy are, "Pressing headache starting from both temples, drawing and tearing in the head, to and fro. Shooting through the head, lancinating, cutting pains, worse on exertion, better from quiet and lying. Headache when blowing the nose. Pressing pain in the left frontal eminence and in the eye. Burning in the right eye and in the eye lids. Tearing in short streaks in and upon the right eye, pressure on the left eye brow, shooting, aggravated after eating; lachrymation." These are in the original provings, but not in the text; they have been left out. This is the case all through the *Guiding Symptoms*; important symptoms were left out because it was necessary to cut down the work from eighteen volumes to ten.

"Hearing decreases." Is that not just what we would expect? Dulness of hearing without any organic affection of the ear. So perverted is his ability to hear that music aggravates

his symptoms, that is through the nerves of hearing. "Listening to music brings on congestion to head." Music aggravates his cough. Think of one commencing to cough simply because he hears some music! What a strange thing that is! *Calcarea* has such sensitiveness that the stroke of the piano is painful in parts, especially in the larynx.

This remedy is full of *bleeding*. Copious bleeding from the nose in the morning. There we get the morning aggravation again. We get the idea of the feeble circulation because of the easy oozings from mucous membranes. "Copious nose bleed early in bed." "Dried blood gathered in nose." "Long continued dryness of nose, frequent irritation as from sneezing." In the nose an old, dry catarrh with atrophy; atrophic condition of the mucous membrane. The nose inside becomes shiny and withered.

Dryness of the mouth without thirst. Biting pain in the throat between the acts of swallowing. Rawness in the throat. The throat complaints are worse in the morning. Complaints are worse after eating and worse from warm drinks, especially from warm milk. "After eating, cough and gagging." There is a peculiar combination of symptoms about the throat. Dryness and accumulation of mucus in the throat which he tries to expel, and when making an effort to hawk out the mucus he gags and sometimes vomits. Vomiting from cough. Weakness at the pit of the stomach after every evacuation; an "all gone" feeling in the pit of the stomach. Pressure deep in the region of the liver; worse in the morning; worse after eating; worse after stool. Distension of the abdomen with a great amount of flatulence, especially after eating. Some symptoms are worse after drinking. Sometimes these complaints come on in the middle of the night, rousing him up with rumbling and cutting in the bowels. The abdomen is cold as ice; it feels as if the whole inside of the abdomen were cold. At other times the coldness seems to be on one side of the abdomen or in one half of the abdomen.

Inveterate *constipation* in old persons, and especially when it is impossible to have anyone near at the time of stool. "Frequent ineffectual desire for stool; this makes her very anxious; at this time presence of other persons becomes unbearable."

Bloody *urine* with red sediment in the urine. Urine when emitted is clouded, yellowish-brown and deposits a brownish sediment." "Sour smelling urine." The urine is copious. "During urination burning, smarting, itching and titillation in the urethra and vulva." "Sore rawness between thighs." "Voluptuous itching on scrotum." "Violent morning erections without desire," with numbness of the genitals. The symptoms are most erratic, as much so as in *Ignatia* and *Natr. mur.* Taken as a whole they can be reconciled, but taken a few at a time they seem wonderfully inconsistent. You must get the whole remedy in order to comprehend it.

Copious discharge of blood between the menstrual periods. "Discharge of blood between periods at every little accident." Discharge of blood from the vagina from pressing at a hard stool; even from a walk that is a little too long or from too great exertion. "During menses left leg becomes quite blue from distended varices, with pressive pain in leg." "Lying down aggravates uterine symptoms," quite an unexpected thing. Menses too early and too profuse. "Menses appear seven days before time," and then comes that horrible itching of the genitals; "soreness and itching with swelling of labia."

Another marked feature of this remedy that you might expect with all this nervous excitement and prostration is dyspnoea with cardiac symptoms, difficult breathing, a sort of asthma. It comes on from any little exertion. Asthma on attempting coition.

"Itching, scraping and soreness in larynx and trachea." "Titillation in throat, larynx and trachea." Everywhere there is itching, and the itching is very often a form of crawling. "Asthma of old people and children," in feeble, tremulous, weakly ones. "Whistling in chest during breathing." "Spasmodic cough." "Violent spasmodic cough with frequent eructations and hoarseness." A good deal of this cough is of nervous origin. It is a cough with excitement, with nervousness, with trembling, which would make one of considerable experience wonder if that patient did not have a good deal of brain and spinal cord trouble. Nervous cough, such as occurs often in spinal irritation. Asthmatic dyspnoea from any little exertion, from music, from excitement. Cough with congestion of blood to the head. Cough from thinking and from anxiety.

It is not very long after these symptoms show themselves before this patient will emaciate and wither, until the skin looks like dried beef. With all he is a tremulous and shaky patient.

He complains a great deal of tearing pressure deep in the left side of the chest. Sensation of rawness in the chest and itching in the chest. Titillation and itching, moving about here and there if he tries to touch the place and scratch it.

You will not be surprised to know that this patient suffers from palpitation of the heart upon slight exertion, from excitement, from music, from any effort to put the mind on anything, with trembling and quivering. And this palpitation he notices even to the extremities; he throbs all over. His extremities pulsate. He is conscious of his arteries everywhere and the palpitation of his heart causes oppression of breathing.

The limbs easily become numb; pressed upon in the slightest manner they go to sleep; go to sleep on being crossed. Coldness, trembling and stiffness of the extremities. The finger nails become brittle and are shrivelled. The arms go to sleep when lying down. "Sore and raw between the thighs and in hollow of knees." Heaviness of lower limbs, paralytic weakness; the patient is growing old; senility is coming on. This remedy has cured the premature trembling that comes on in middle aged persons. It has cured the "going to sleep" and numbness and feeble circulation with loss of muscular power. It is very suitable in children who are excitable and nervous and weak. "In lean persons." "Old persons and children."

AMMONIUM CARBONICUM.

If we were practicing in the old-fashioned way and considered the wonderfully volatile nature of Ammonium carb. in some of its forms we would only look upon it as an agent to relieve fainting and simple affections and use it in the form of hartshorn to comfort old maids and some other women. But Ammonium carb. is a deep-acting, constitutional medicine, an anti-psoric. It effects rapid blood changes, it disturbs the whole economy and it establishes a scorbutic or scrofulous constitution. Its fluids are

all acrid. The saliva becomes acrid and excoriates the lips so that they crack in the corners and middle, and become raw and dry and scabby. The eye-lids fester and become dry and cracked from the excoriating fluids from the eye. The stool is acrid and excoriates. The genitals of the female become raw and sore from the acrid menstrual discharge and leucorrhœa, and wherever there is an ulcer upon the skin the fluids that ooze from it excoriate the parts round about, this excoriating character belonging to all of the exuding fluids and discharges.

This remedy has in its nature bleeding of black blood, often fluid blood, that will not coagulate, flowing from the nose, the uterus, the bladder and bowels. The blood is dark, showing that a great disturbance is taking place in the circulation. The skin has a mottled appearance intermingled with great pallor.

It produces a violent action upon the heart, in which there is violent, audible palpitation, and every motion aggravates the pulsation. With this is associated great prostration. It is rather a strange coincidence that the ancients knew that Amm. carb. would overcome difficult breathing from cardiac attacks and that aqua ammoniæ or hartshorn is used to-day to a certain extent in indications similar to those mentioned. They use it as a stimulant, but when indicated the single dose very high is enough. The ancients knew enough, also, to use hartshorn in the low forms of pneumonia, at the turning point in the advanced stage; that is an old allopathic practice, but it had a homœopathic relation to some of the cases. Once in a while they would cure a patient in the awful stage of prostration with heart failure at the end of pneumonia, and because they relieved such a one it was then established as a remedy for all future use.

Ammonium carb. has a state analogous to blood poisoning, such as we find in erysipelas and in the most malignant forms of scarlet fever, with awful prostration, great dyspnœa, so that it seems as if the heart were giving out. With this there is an unusual patchy condition of the surface, due to a paralytic condition of the blood vessels, enlargement of the glands, duskiness and puffiness of the face. Amm. carb. has been used allopathically in just such a state for centuries and it has demonstrated its homœopathic relation by its efficacy.

It belongs also to the kind of case that has simple enfeeblement, weak heart, emaciation and is not thriving. There is quite an absence of symptoms and a lack of response to remedies. The patient has to lie in bed and do nothing because of the palpitation and difficult breathing on motion. It is a matter of mere weakness. Such a case furnished me much amusement for a year and a half. There was a woman in this city who answered just such a description; her state was one of peculiar cardiac weakness with dyspnoea and palpitation on motion. I had been treating the case, but had not fully studied it, and as she did not progress under my management she was taken out of my hands and taken to one of our most able neurologists, who put her upon the "rest cure" and promised that in six weeks she would be perfectly well. But at the end of the six weeks she was worse than ever and a cardiac specialist was then brought to examine her. He said it was true the heart was not vigorous, but there was no organic affection and consequently the case did not belong to his branch at all. Then a lung specialist was brought in, and later she was examined by all kinds of specialists. All of her organs were fully investigated, and it was announced that nothing was the matter with them; but the poor woman could not walk because of her sufferings and palpitating heart. She had a little dry, hacking cough that did not amount to anything, for her chest was examined and there was nothing wrong with it. But after she had been in this continual fire for about three months, and was steadily failing, the side of the family that were my adherents prevailed against the others and I went to see her again. I continued to study the case, which was extremely vague, having nothing but those few symptoms, and finally I settled upon Ammonium carb., and she has been on this remedy for eighteen months. She now climbs mountains, she does everything she wants to do and is about ready to go to house-keeping. She has grown from a case of nervous prostration, brain fag and any other diagnosis that might have been heaped upon her to a well woman, and under that one remedy. This shows you how deeply this remedy acts. One dose generally acted upon her for from six weeks to two months, steadily improving her each time.

There are other kinds of exhaustion belonging to this remedy, based on cardiac or general nervous exhaustion. Exhaustion coming at every menstrual period. An attack of cholera, or what one might mistake for cholera, coming the first day of the menses; a copious diarrhoea. Sometimes it is an exhaustion with vomiting, exhaustion as in *Veratrum*, with coldness, blueness, sinking, dyspnoea. The kind of dyspnoea that I have been speaking of up to this time is not an asthmatic dyspnoea; it is generally looked upon as cardiac dyspnoea, due to a weak heart; but this remedy has also asthma, and in the asthma there is this peculiarity: if the room is warm his dyspnoea increases until suffocation seems imminent; it does really seem as if he would die for want of breath. He is compelled to go out into the cold air for relief. While the warm room increases the dyspnoea in asthmatic complaints the constitutional state of the patient is that he is sensitive to cold. So there you see is a modality that is opposed to his constitutional state; it is the exception. The complaints of the body and the headaches are worse from cold.

A common thing running through this remedy is aching in the bones. The bones ache as if they would break. The teeth ache violently from every change of weather or from change of the temperature in the mouth. The jaws ache or the roots of the teeth ache. The scorbutic nature of this remedy was mentioned. A prominent feature is falling out of the hair, the finger nails become yellowish, the gums settle away from the teeth and bleed, the teeth become loose and fall out, all in keeping with the scorbutic or scrofulous constitution.

This remedy has hysteria running through its nature, and it is not surprising that nervous women carry a bottle of ammonia hanging to her chain. Many women do this because as soon as they go into a close place they faint and must use their hartshorn. This condition in the woman, if in a mild degree, is not hysterical; it belongs to the sensitive nature of women; but if carried to a more marked state it is hysterical. The hysterical fainting will be averted by the use of the hartshorn. Women have found that out. Amm. carb. will stimulate the action of the heart and relieve. This is not a homœopathic relation, but it is analogous to it. It shows the sphere of the remedy. Many other things that are not volatile will do the same.

The remedy is full of depression of spirits. She weeps much, has fainting fits, anxiety, uneasiness and exhaustion from motion. Oversensitive about what she hears other people saying. Complaints from listening to others talking. Complaints, both mental and physical, are worse in the wet weather and she is sensitive to cold, raw, wet weather. The gouty complaints, nervous complaints, prostration, cardiac complaints, dyspnoea, headaches, etc., come on in raw weather. A good deal of congestive headache comes on in wet weather and from weather changes. Sensation as if the brain would ooze out through the forehead and eyes. In the text it says: "Pulsating, beating and pressing in forehead, as if it would burst." "Headache; thrusts in the forehead as if it would burst." The headache is worse from stepping, especially the headaches that come at the menstrual period. Headache worse in the morning. This medicine in such headaches, with the symptoms I have described, shows its antidotal relation to *Lachesis*, because *Lachesis* produces all this state of prostration. In the older text books you will notice this expression, "Inimical to *Lachesis*." This means when *Lachesis* has been given in high potency and has acted curatively Ammonium carb. is not likely to act curatively after it, and is sometimes capable of disturbing the case, confusing it and mixing up the symptoms. But when *Lach.* has been given in too low potency, and the patient has been poisoned with the crude medicine, this remedy then becomes an antidote, used in a high potency, because of the similarity in its action. It will overcome many of the poisonous symptoms of the case. If you will examine the appearance of people who have been bitten by snakes and then examine the pathogenesis of this remedy you will see a great similarity between them. It is well known that this remedy has had repeated use in snake bites. Evidently it did not save all of them, but it must have done something or other for these cases or it would not have established so great a reputation for itself. Give it not as an antidote *per se*, but when indicated in blood poisoning and animal bites with zymosis with a tendency to black liquid bleeding as in *Elaps*. Running through the snake poisons there is a tendency to bleeding of black blood that will not coagulate.

It has many eye symptoms. Sparks before the eyes in connection with headaches; double vision, aversion to light. "Large, black spot floats before the eyes after sewing." When these symptoms have been present, in such a constitutional state as I have described, the remedy has cured cataract; it has cured the patient and finally the crystalline lens has cleared up. Burning of the eyes, smarting eyes, blood shot eyes.

It disturbs the hearing, causing hardness of hearing and discharge of acrid fluid from the ears.

We have that scorbutic, catarrhal condition of the nose, such as described. Discharge from the nose acrid. "Severe pain as if the brain were forcing itself out just above nose." "Nose bleed when washing face or hands in morning." It has many complaints from bathing, and a prominent feature is that the skin is covered with red, mottled spots after bathing. Bathing produces surging all over, here and there, as well as nose bleed. It is because of the turmoil and shock to the heart from bathing. Palpitation is worse from bathing. Whether it is always the shock of bathing or the application of water to the skin is hard to decide. The application of water to the face produces a mottled condition of the skin.

In the throat we have such an appearance as is likely to occur in malignant scarlet fever, diphtheria and other zymotic states; purple, swollen, ulcerated and bleeding and gangrenous aspect accompanied by great exhaustion with enlarged tonsils and glands. The glands down the outside of the throat and neck are enlarged and felt as lumps and nodules. In diphtheria when the nose is stopped up the child starts from sleep, gasping for breath. Here again we observe its relation to *Lachesis* and the ophidia, for soon after the patient drops to sleep he wakes up suffocating and choking. In diphtheria, in chest troubles with great prostration, the patient is worse after sleep. One of the lay provers of *Cenchrus* looked into the *Materia Medica* and saw that Ammonium carb. was inimical to *Lachesis*; she must have read it "antidotal to *Lachesis*." She took Ammonium carb. in potentized form and it did in many ways check the symptoms of *Cenchrus* and thus demonstrated its antidotal relation to *Cenchrus*. Quite a number of times it has come to my knowledge that *Lachesis* has palliated symptoms act-

ing as a sort of anodyne. I knew a doctor who had been in the habit of taking *Lachesis* 6th to palliate neuralgic pains of the face. It is true that there is enough in a low potency like that to stop pain. Well, he took the *Lachesis* for the pains in his face and kept this up for a month until he was poisoned with *Lachesis*. It was only by the use of Ammonium carb. that he could get off that *Lachesis*. Another young physician found that by giving *Lachesis* 2c in repeated doses in water he could quiet some symptoms that his wife was suffering from. For two or three years he fed her that remedy in repeated doses, and at the present day she is dying from the effects of *Lachesis* just as sure as I am before you. Ammonium carb. has only somewhat mitigated the symptoms. So we see the danger of repeating these medicines that are so powerful. When a deep-acting medicine palliates symptoms for a few days and the patient is not benefited he had better not have any more of that palliation.

In the female note the cholera-like symptoms at the commencement of menstruation, which I have already mentioned. Menses too soon. "The menstrual blood is blackish, often in clots." "Menstrual blood acrid." The leucorrhœa is acrid. "Violent tearing in abdomen and vagina." "Irritation of clitoris." Swelling of the genitals. Now, let me tell you something not mentioned here, but important, and that is a sensation of soreness in the whole pelvic viscera; at times it seems as if all her inner parts were raw. It is a sensation of rawness and soreness; not always sore to touch. This sensation of deep-seated soreness is especially felt during menstruation. All through the menstrual period awful soreness and rawness. "Menses premature, abundant, blackish, often in clots, preceded by griping and colic."

The remedy is full of catarrhal symptoms and cough, with much rattling of mucus all through the chest and air passages. Oppression of breathing, a catarrhal dyspnoea. Especially is this a powerful remedy, when the symptoms agree, in hypostatic congestion of the lungs, a filling up of the chest with mucus which it is difficult to expel; great rattling in the chest and great weakness. It is a good palliative in the last stages of consumption. A dose of Ammonium carb. when there is great coldness and prostration and weakness in the chest. It is not very unlike

that sensation of weakness in the chest which is known as the *Stannum* weakness. He can hardly cough out loud, and because of the weakness he cannot expel the mucus, like *Ant. tart.* It belongs somewhat to that class of remedies. Short asthmatic cough.

The complaints of this remedy come on especially at three o'clock in the morning. The cough comes on at that time. Old people who suffer from catarrh of the chest have an aggravation at three o'clock in the morning with the palpitation and prostration, waking up at that hour with cold sweat and dyspnoea. Almost pulseless; weakness of the heart. Face pale and cold.

"Great lassitude." Defective reaction with, or at the close of, severe zymotic troubles, typhoid, diphtheria, scarlet fever, erysipelas, etc. In those complaints that should come to a crisis, if the patient goes into a state of great exhaustion under remedies fairly well selected, you have an instance where this medicine competes with *Arsenicum* for the nervous prostration. You see "heart failure" spoken of in old school literature. They say the patient got along very nicely, but finally died of heart failure. In a great many instances if Ammonium carb. were given in time it would save all that trouble.

"Averse to walking in open air." "Children dislike washing." The warmth of the bed relieves the rheumatic pains, relieves the chill. "In a warm room the headache is better," but remember the exception. "From washing reappearance of symptoms; nosebleed; blue hands; swollen veins." "Worse in cold air."

We come now to the appearance of the skin: "Body red as if covered with scarlatina." "Brought out measles after three months' delay." "Putrid flat ulcers with a pungent sensation." "Malignant scarlatina with somnolence, starting from sleep." "Erysipelas of old people when cerebral symptoms are developed." That is a general feature of Ammonium carb. Whenever you are treating a severe form of disease and an eruption comes to the surface, like a carbuncle or erysipelas, and does not give relief to the patient, that patient is in a bad fix. A remedy must be found soon. When a patient is coming down with severe internal troubles it is not a very uncommon thing for un-

healthy looking boils to come out, or carbuncles or erysipelatous blotches. It is always serious when these are not immediately followed by relief to the patient. It shows a pernicious state that has been pent up and cannot be held any longer and some of this violence is going to destroy. This remedy is one of the dozen medicines that you may look for to check the progress of this thing. Any remedy, of course, which corresponds to the totality of the symptoms is the remedy to administer, but this has in its nature all there is in the nature of things grave and serious.

CARL HAUBOLD.

Dr. Carroll Dunham, writing in September, 1862, in the *American Homœopathic Review*, says: "We have to lament the decease of a colleague whose name has been for many years associated with those who have been most universally respected in our school. Dr. Carl Haubold, of Leipzig, died June 8th, 1862. He graduated with distinguished honors in the University of Leipzig in 1821, and soon attained a large and lucrative practice, being assisted thereto by the prominent position of his father's family in the community. By the influence of Drs. Moritz Muller, Hartmann and Franz, he was induced to investigate Homœopathy, and as always happens where such investigations are undertaken in an honest and docile spirit he soon became an enthusiastic adherent of the Hahnemannian system.

His abilities and acquirements gave him soon a prominent position among the homœopathists, and his genial disposition, his moderation and courtesy and his strict sense of justice enabled him to preserve a middle position between the two opposing parties into which Hahnemann's early friends most unfortunately divided, and in 1833 he was the means of effecting a reconciliation between Hahnemann and those of his pupils who had so deeply offended him. Dr. Haubold continued in the active practice of his profession until the beginning of the year 1861, when he began to feel the effects of the malady to which he finally succumbed." [Bradford's *Pioneers of Homœopathy*.]

DEPARTMENT OF HOMŒOPATHICS.
LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.*

LECTURE XXVI.

It is important to avoid getting confused by two disease images that may exist in the body at the same time. A chronic patient, for instance, may be suffering from an acute disease and the physician on being called may think that it is necessary to take the totality of the symptoms, but if he should do that in an acute disease, mixing both chronic and acute symptoms together, he will become confused and will not find the right remedy. The two things must be separated. The group of symptoms that constitutes the image and appearance of the acute miasm must now be prescribed for. The chronic symptoms will not, of course, be present when the acute miasm is running, because the latter suppresses or suspends the chronic symptoms, but the diligent physician, not knowing this is so, might wrongly gather together all the symptoms that the patient has had in a life-time. Again, on the other hand, in gathering together the chronic symptoms for a prescription it is sufficient to merely mention that the patient has had typhoid or measles or other acute miasms. Such diseases are not a part of the chronic miasm. The symptoms of the acute attacks were separate and by themselves. The effort to prescribe for two distinct miasms will result in error. If you practice in the western part of this country you will often get confused cases, a sample of which would be about as follows: A patient has been suffering from intermittent fever, and has been treated with medicines, Quinine, Arsenic and low potencies of this and that drug, until the case has become complicated. You learn that the symptoms now are different from what they were in the beginning, that there has been a transformation scene. You prescribe for them as they are now, regarding it as

* Stenographically reported by Dr. S. Mary Ives.

a species of malaria; you prescribe for them with a view to antidoting all the drugs that he has had, and your remedy brings about a surprise; it opens out the case in a wonderful manner. The patient up to this time was unable to give you anything descriptive of the original state of his malaria, but he comes back in the course of a week or two and says: "Dr., I am now as I was in the beginning." "Well, what are your symptoms now?" And you will find out that one evening he has a 5 o'clock chill with its accompanying symptoms that last him a good portion of the night, and then he has a well day, and then next forenoon he has an 11 o'clock chill and then a well day. Then he has two sick days in succession and one well day. If you examine each one of these states, you will find that the two chills begin in a different place, and the heat of each begins in a different place, and the symptoms of the two attacks are totally different. Such a thing will seem unlikely to one who has never seen it, but one who has lived in the west and practiced accurately will see such things, unknown to those who have practiced what is called Quinine homœopathy. A correct prescription will disentangle these two malarial miasms and show that two exist in the body at the same time, each having conditions quite different from the other. These two can co-exist and have their own times and expressions without interfering with each other to any great extent. The big doses of quinine will complicate them and cause a general clouding of things, so helter-skelter and disorderly that nobody can tell anything about it. And if you were to attempt to prescribe a remedy that had both these groups you would fail to cure. Select the worst one and let the other one alone, entirely ignoring it. It is a bad policy to give one remedy for one and another for the other. Single out the worst one and cover it carefully with a remedy, and you will find it disappear and the other one come on, just as if the patient had not had a remedy at all. Now do not be in too great a hurry about removing the second one. You will find that after one has been removed the patient will improve, and the one that has remained will become more and more apparent from day to day; then prescribe for it. This illustrates the doctrine of avoiding the prescribing for an acute and chronic trouble together. Never prescribe for any two conditions, unless they be complicated. Only chronic diseases

can be complicated with each other. The acute is never complicated with the chronic; the acute suppresses the chronic and they never become complex. Of course, the allopaths will tell you about the sequelæ of measles, scarlet fever, etc., but they know nothing about it, and their pathology teaches them nothing which is true concerning it. That which comes out after all self-limiting diseases have run their course is not due to the disease itself; the sequelæ of measles are not due to measles, the sequelæ of scarlet fever are not due to scarlet fever, but to a prior state of the patient. A psoric disorder may come up after scarlet fever or measles, and must be treated as psora. These sequelæ, regardless of the disease which stirs them up, are psoric and crop out at the weakest time, which is the convalescent period. The better the acute disease is treated, the less likely there are to be any sequelæ. If measles and scarlet fever are treated properly we have very little trouble afterwards. Sequelæ should always be charged up to a great extent to the physician. Of course, you will find now and then some constitutions extremely psoric; almost in a condition of advanced decay, and for malignant scarlet fever in such a patient it is difficult to find a proper remedy, and then the very best physician in the world may make a mistake; yet with good treatment in ordinary cases you should not expect sequelæ, such as sore eyes, running ears, etc. It is very important in such cases to be able to separate and distinguish one thing from another, so that you may know what you are prescribing for. You cannot prescribe an antipsoric in order to prevent sequelæ following scarlet fever while the scarlet fever prevails. Prescribe first for the acute attack, and the symptoms that belong to it. It is well, however, for the physician to know all the symptoms that the patient has of a chronic character, that he may know what to expect, that he may look at the close of the acute attack for the coming out of the old manifestations of psora, although often an entirely new group of symptoms will appear. When at the close of scarlet fever troubles come about the ears or dropsical conditions come on; these are not a part of the scarlet fever itself, but of the state of the economy. The dropsical condition, or acute Bright's disease, must be associated with the psoric state and the symptoms then will lead you to a constitutional remedy. If you have in view

- simply the Bright's disease, you will make a mistake. You will fall into prescribing for ultimates if you have but the name of the trouble in mind, for instance giving Apis, which the books say is such a wonderful remedy for Bright's disease following scarlet fever. It is a great mistake to fit remedies for complaints or states. It is a fatal error for the physician to go to the bedside of a patient with the feeling in his mind that he has had cases similar to this one, and thinking thus: "In the last case I had I gave so and so, therefore I will give it to this one." The physician must get such things entirely out of his mind. It is a common feature among oculists, who profess to be homœopaths, to say: "I cured such and such a case with such and such a remedy. I will now give this patient the same remedy." I have many times met physicians in consultation who said: "I had another patient, Mr. X or Mr. Z., who had a similar state of affairs, just such a disease as this, and I gave him so and so, but it does not work in this case."

§ 100. "With regard to a search after the totality of the symptoms in epidemic and sporadic cases, it is wholly indifferent whether anything similar ever existed before in the world or not, under any name whatever." Keep that in your mind, underscore it half a dozen times with red ink, paint it on the wall, put an index finger to it. One of the most important things is to keep out of the mind, in an examination of the case, some other case that has appeared to be similar. If this is not done the mind will be prejudiced in spite of your best endeavors. I have to fight that with every fresh case I come to. I have to labor to keep myself from thinking about things I have cured like that before, because it would prejudice my mind. The purpose of all this is that you will go away and examine the patient with an unprejudiced mind, that you will consider only the case before you, that you will have nothing in mind that will distract your attention, that you may not think of things that preceded it and find out from among them a remedy while examining the patient. If you are biased in your judgment and examine the patient towards a certain remedy, in many instances this will prove to be fatal. Have no remedy in mind until you have everything that you can get on paper. Have it all written down carefully and then if, upon examining it in relation to remedies,

you are unable to distinguish between three or four, you can go back and re-examine the patient with reference to those three or four remedies. That is the only possible time you can attempt to fit a remedy, or image of a remedy, while examining a patient. Get all the symptoms first and then commence your analysis in relation to remedies. The analysis of a sickness is for the purpose of gathering together that about it which is peculiar, for the peculiar things relate to remedies. Sicknesses have in them that which is peculiar, strange and rare, and the things in sickness that may be wondered at are the things to be compared with those in the remedy that are peculiar. Now in order to see that which is wonderful and strange it is necessary for you to have much knowledge of disease and much knowledge of the *Materia Medica*; not so much an extensive knowledge of morbid anatomy, but a knowledge of the symptoms or the language that disease expresses itself in. "In fact, we ought to regard the pure image of each prevailing disease as a thing that is new and unknown, and study the same from its foundation, if we would really exercise the art of healing." A great deal depends upon a physician's ability to perceive what constitutes the miasm. If he is dull of perception he will intermingle symptoms that do not belong together. Hahnemann seems to have had the most wonderful perception, he seemed to see at a glance. Hahnemann was skillful in this respect because he was a hard student of *Materia Medica* and because he proved his *Materia Medica* daily. He had examined the remedies carefully, he saw them, he felt them, he realized them. "We ought never to substitute the hypothesis in the room of the observation, never regard any case as already known." Now we see why it is that it does not make any difference with a physician whether he has seen such diseases before or not. The homœopathic physician is acquainted with the signs and symptoms of man, and a different disease is only a change in the combination of them, only a change in their manner, form and representation. There is order, perfect order, in every sickness that presents itself, and it rests with the physician to find that order. The homœopathic physician need never be taken unawares.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

GRIPPE—LAC CANINUM.

G. M. CHASE, M. D., Traverse City, Mich.

The plan inaugurated by the JOURNAL OF HOMŒOPATHICS to canvass this country and obtain expressions from the different physicians concerning epidemics is a good one, and cannot fail to result in great good to the profession at large, as well as to those whom they treat.

My experience with "grippe" this last winter and spring has led me to believe with others, whose experiences are recorded in the Nos. 2 and 4 of Vol. 3 of the JOURNAL, that this disease is one that readily responds to the indicated remedy and no serious sequelæ ever follow.

The remedy most frequently indicated for years with me has been *Lac caninum*. No remedy I know of so exactly corresponds to a typical case of "grippe," as this remedy, and its power to cure is truly marvelous. In cases turned aside by the Allopath's drugging, instead of trying to antidote a lot of drugs, the nature of which you have no definite knowledge, just investigate the original attack, and if *Lac can.* was indicated at *first* administer it at once and it reaches to the remotest recesses of the being, beneath and around crude drugs—brings back the "grippe" as it was at first (in accordance with the laws of cure, of course) and cures it completely.

The symptoms indicating this remedy are the symptoms of *uncomplicated* "grippe." It is to "grippe" what *Acon.* is to a

cold with synochial fever, thirst, restlessness, etc. When "grippe" turns its attention to the lungs, causing soreness and distress on coughing, agg. by going into a warm room, *Bryonia* is better.

If there is more tightness than soreness, with agg. by going into cold air, *Phosphorus* is sure to help.

I know of no other remedy that has so many of the peculiarities of "grippe," as, for example, the soreness in throat, resembling diphtheria; fetid breath; putrid taste in mouth, all sorts of foulness in mouth and on tongue; glands of neck are swollen; stiffness of neck, trapezius muscle, darting pains, beginning on one side, going to the other, then back to side first attacked. No other remedy has this symptom so marked and characteristic.

Then there is another condition, frequently seen in delicate persons, which resembles inflammatory rheumatism more than anything else. "Grippe" is at the bottom of it, and if it attacks first one side and then the other, shortly coming back to starting point, which it is pretty sure to do, you have a reliable remedy in *Lac. can.*

It is also a remedy of first importance in diphtheria. This changing sides of the throat soreness, going from right to left, or left to right, and back to point of commencement, constitutes a reliable indication.

The potencies I use are 30th or 200th in acute conditions. Suppressed "grippe" and all chronic conditions C. M. M. Swan.

One dose of the highest potency is usually sufficient. The lower potencies will bear to be repeated every 4 hours in acute cases until a change is effected, then give *Sacch. lac.*

If this article has the effect of causing anyone to investigate the merits of this truly wonderful and deep acting remedy it has accomplished the purpose that prompted its preparation.

ERRATUM.—The caption of Dr. E. P. Hussey's paper in August issue, p. 224, should read: "Prostration and Defective Reaction in Acute Diseases, with excerpts from Hahnemann, Hering and Farrington."

CLINICAL CASES.

R. F. RABE, M. D., New York.

Case I. Mr. R. B.; age, 29. Surveyor.

May 18, 1897.—A few days ago was engaged in surveying a tract of land which until quite recently had been for a long time under water. As a child he had had intermittent fever which had been controlled by quinine. Since childhood, however, he has been perfectly well. Yesterday he was attacked by severe pain just over the left eye in the course of the supra-orbital nerve. The pain is much more severe to-day, is centered in a small spot, is < by bright light and motion and > by cold applications. He feels very listless and tired, his muscles ache and he is unable to attend to business. The pain begins in the forenoon about 10 o'clock and gradually increases in severity until after dinner, then decreases as slowly as it came on and leaves entirely by four o'clock. During the attack his temperature is 101° with slightly increased thirst. After the attack was over I gave him one dose of Stannum met. 5m. The next morning, May 19, the pain again came on, but at a later hour; its duration was shorter but its severity was greater than on the day before. No further medicine was given.

May 20. There has been no pain to-day, the head only feeling somewhat dull.

That was the last of this supra-orbital neuralgia, and although he has since been exposed to the same conditions and at the same place he has never had any return of the trouble.

CASE II. Charles W.; age, 28. Baker.

March 21, 1899. About a year ago was ill with intermittent fever at Hackensack, N. J., and was given quinine. Since that time has never felt entirely well, and two weeks ago moved to New York, hoping that the change would rid him of his troubles. On the 18th he was taken with a chill, then fever with intense thirst, followed by sweat.

On the 19th he was fairly well, but very weak.

On the 20th, at about 9 a. m., he was again taken with a chill

which lasted until 1 p. m., then fever with intense thirst and violent, throbbing headache. Thereafter profuse perspiration followed, relieving all his symptoms. This was the history I obtained, also the information that he had been taking, at the advice of a physician, quinine and whisky to break up the attack. On his own responsibility he added bromo-seltzer to the list. I gave him one dose of Natrum mur., 900 (Fincke).

March 23. Has had no paroxysm since. Headache is >, but not entirely gone yet. His day for an attack to come on was yesterday.

March 25. Entirely well, he looks and feels much better. Headache gone.

There has been no return since.

A STUDY IN HOMŒOPATHIC TREATMENT.

JULIA C. LOOS, M. D., H. M., Harrisburg, Pa.

1897.

Mrs. C. R., 69 yrs.

July 31. Tall, slender, looks old and worn.

Urination: burning in urethra and at meatus during passage of urine, after bearing down as if something pressed on bladder.

had this trouble for years.

mucus in urine after using flaxseed tea.

urine dark, cloudy, at times offensive.

Soreness in lower chest and abdomen since took cold on 27th.

> entirely when lying.

Abdomen swollen since 29th; subject to this, seems to be flatus in bowels.

> when flatus passed.

Appetite none, past two weeks.

wants warm food, eats little sour, not fond of sweets nor highly seasoned food.

Thirst little.

Mouth, bad taste, bitter; tongue, thick white coating.

Complexion very yellow all over—neck, arms, conjunctiva. Yesterday was pale.

Took cold washing clothes in the dampness.

always took cold in childhood from steam of clothes washing.

takes cold wetting the feet.

Had grippe in winter, no treatment; not well since.

Ears, dull ringing sound.

Eyes, heavy lids, "seems as if lids not strong enough to go up."

Bowels, diarrhoea, five to six stools a day, same at night.

stool small, watery, "sudsy sensation."

Sleep good at night, lies quiet.

wants covers, hottest night in summer.

Sweats profusely at night.

Has been nursing past three years; always sick after she returns from nursing.

just returned from a case; at beginning had overstrain of work and a mental shock.

Chills between 8-9 P. M. on the 28th. (took many drugs.)

> after got warm and sweating.

In childhood, lived near a pond, had chill very severely for 11 months one hour later every day, then every other day, then twice a week.

before, aching all over, flesh sore to touch.

feet cold for an hour, then chill spread from feet over the body.

during, blue fingers and hands.

vomiting "green bile" during very severe chills.

Typhoid fever at 17 years of age, thin before, then grew stout, growing thinner 2 years past.

> quiet.

< noise gets so nervous, don't know what to do.

Head sore, heavy pain in temples with last chills.

> tight binding.

eyes watered profusely as pain left head.

Has used Carter's liver pills and since April has used Lydia Pinkham's medicine.

Nux v. 45 m.

August 10. Felt >, stronger, bowels regular, natural stools.

Taste, for few days everything tasted sweet, even water.

Things taste good now, while eating.

Sweating, after in bed about an hour, 11 P. M. Mouth gets hot as if holding something hot over it, not thirsty, this wakens her and for 10 or 15 minutes sweats (warm) all over.

recently after daylight, sweats profusely all over.

Chill on 1st, 3-4 P. M., with cold hands, lasted an hour after chill, fever, with sweat.

"nervous chill" on 5th, cold all over, hands blue, no shaking, lasted half hour; came while eating.

grew warm after covered well.

no fever, no sweat.

Cough, dry, hacking, excited by tickling in throat-pit.

< lying down at night. > sitting.

Restless, does not sleep so well.

Face deep, thick yellow, eyes very yellow.

Thirst for lemonade.

Abdomen, thinks swelling and soreness >.

belching preceded by feeling of fullness.

Eyes, a cloud like smoke came over eyes for 10 minutes morning of 7th.

Has grieved over unkind treatment of a brother and sister more than over her husband's death. Has not seen or heard from brother and sister for years; they have nothing to do with each other. Her daughter says she has been sick and queer since they turned against her.

Sepia 50 m.

August 25. Can give no account at all of 10th, lay and slept all day.

Night sweats, can wring clothes out when she gets up; pillow is soaked.

"can't seem to get along right in mornings," for several days after 11th.

Weakness, excessive first two weeks, growing stronger since, can work without getting nervous.

Nervous spell, slight on 13th.

Abdomen for awhile very sore, especially in liver region.

> lying, growing > now.

puffiness about hypochondrium, > belching, feels splendid if she can get the wind up.

Cough little >, feels as if everything in throat wanted to come up.

Sleep poor at night, could go to sleep about day-break and slept till noon; talks in sleep; talks to self when alone. In sleep continuous but indistinguishable talking.

Feet feel as if sawdust in stockings, feel rough to the hands.

Finger tips cold at 4 P. M. for quarter hour some days.

Vision, looking at a child's eyes one day, they seemed a mass of blood.

Bowels, small stool daily until 18th, then none for several days.

Vomiting after breakfast, after supper, to-day.

green water "green as grass," no food.

stomach feels better after, bitter taste remains long while.

Urine better color.

August 29. Called in haste to the house at 6 P. M. Patient having severe spell of dyspnœa and fainting with colicky pains. Had a spell at noon and again at 5 P. M. Seems as tho' wind collects in epigastrium and will not come up causing great oppression, so she cannot take a deep breath. When spell came on she fell over from faint weakness. Has eaten only a little bread and coffee past two days. After an hour's rubbing and drinking hot water, bringing wind up more freely, she felt some relief.

Talks queerly, thinks those around her believe her to be crazy and not aware of what she does.

Carbo veg. 1 m.

For the next two days and night she absorbed all the

attention of the whole family, keeping her son, son-in-law and daughter constantly busy attending to her in spasms and mania.

Sleepless, day and night talking incessantly of things connected with family trouble, unpleasant occurrences, repeats same things over and over, nonsense and ugly things about members of family.

would not lie down first night; sat up all night.

later talk all devoted to proving herself sane against supposed accusations of insanity.

Wild, obstinate fights against all attempts to conquer her, declares she "will not be conquered by anyone," persists in talking and doing foolish things that they try to prevent her doing, exposes body, genitals and breasts; tries to put arms around attendants and whisper so the others shall not hear. On second day does not recognize attendants, calls them by means of other people, up to this time was conscious of every movement and sound about her.

Kicking, twisting self all over bed from side to side, catches hair of attendants.

Talking constantly, every object suggests new train, or talks of things in her imagination.

Spasms on 30th preceded by wild staring of eyes, lack of intelligence in eyes.

mouth worked, muscles all over became stiff.

grasped hands or bed very firm grip, all muscles rigid.

Urination involuntary in bed, wholly unnoticed.

urine has burned more past few days.

Eating and drinking refused, obstinate about everything.

Stramon. 51 m.

August 31st, 3. P. M. Several remedies were given before the image of Stram. was recognized, all with no effect. After receiving this the patient was quiet in a few minutes, slept until 3 P. M., then wild and violent again, altho' on waking talked rationally and decently.

She fell asleep again between 4 and 5 P. M. and slept most of the night. On waking was more natural and ate some milk toast.

Sep. 1st. Thirsty, mouth dry.

Sore all over, flesh feels sore. From her thrashing and constant motions it would have been queer if it were not.

Bowels, evacuation this morning, yellow stool.

Sweating profuse about head in sleep.

Conscious of some things of 30th; whole of 31st is lost to her, says the attendants must watch because if she has another "spell" it will be worse.

says the medicine is given to force sleep and give her attendants chance to rest.

Her mother died insane, after three years of such violent mania and worse, she was kept at home in room with barred windows and locked doors.

Skin warm, little feverish.

Abdomen, large lump on right side extending two-thirds length of abdomen on right side, seems continuous from ribs down, as tho' liver was enlarged.

physician attending her last year desired to make an explanatory incision for diagnosis, this was refused. lump first noticed little over a year ago, associated with flatulence, seemed to disappear after belching.

Sept. 7. Sleep, first two nights after last report all night, dozing during day, at first a heavy, dead sleep, disturbed by nothing.

breathing heavy awhile; then seemed to stop, then heavy again.

the next night a little flighty, next night slept only an hour and a half and none all day yesterday, last night slept >, roused only to take water and medicine, from 5 P. M. to 4 A. M.

Bowels, diarrhoea for two days, no stool then till yesterday.

stool every time after eating, light, bileless, curdled like sour milk, offensive like something decayed.

burning in rectum during or after stool.
 Sweating profuse when asleep for two days, less since.
 No appetite, wants things, and when brought she does
 not want them; craves cider; averse to sweet things.
 Urination frequent, burning as bad as ever.
 Talking ugly after a couple of days, criticizing things
 done a year ago—censures everyone.
 complains of different members of family to each
 other.
 displays feeling of malice and censure without cause.
 Nervous since 5th, trembling, can't bear any noise, it
 makes her so fidgety, clock ticking annoys her; fears
 she will have another spell.

Caust. 60 m. on 5th.

> morning, grows weaker as day goes on, stronger to-
 day.
 moves about, raises self in bed, with energy. Has
 been out of bed twice without assistance.
 Head distressing, feels large, very hot, can't sleep; be-
 gan 3 P. M. on 5th.
 < in occiput behind ears.
 < noise, light, sitting.
 > cold applications, binding tightly.
 to-day feels it only when raises head from pillow, but
 for that could sit up.
 Hot all over, yesterday, when head hot at night, body
 cold, wanted covers.
 Face less wrinkled and distressed than it has been.

Sept. 23. Since 7th symptoms have varied little from day to day,
 one or another, changing for worse or better. Gen-
 eral condition shows no real improvement. Most
 prominent feature is the excessive weakness and ex-
 haustion. Other symptoms as follows:
 Sleep very light during the night; about 5 A. M. goes
 into a sound, heavy sleep that nothing can disturb.
 This lasts till 8 A. M., and during this sleep there is
 profuse, sour-smelling sweat. (This was temporarily
 checked by a dose of *Merc. sol.* 6m. but has returned

in some degree since.) Before this sleep she feels it coming on. A sort of green shadow "comes over the face just before," altho' she may be talking at the time.

after awaking she is weak and exhausted, and head hot sometimes about 10 minutes.

Urination, urgent desire; can't hold urine. Old symptom; used to have clothes quite wet; could not reach commode soon enough.

burning little >.

urination < night.

urine, offensive odor clings to room, stains dark yellow.

as soon as takes a drink must urinate, very frequent.

Thirst at midnight and after for large drinks frequently.

Disposition crabbed, fault-finding, nothing suits her, will not take what she asks for when things are brought; assumes to be ill-treated, much offended; acts as if could tell much if she would, but keeps it to herself.

Makes much of unimportant trifles.

Spell of wild gayety at night; sat up, talked and laughed inordinately at everything she said. Talks queer things.

Face peaked, expression of offended displeasure.

Queer positions, lies stretched at full length on back, eyes staring at ceiling, hands stretched down with arms stiff, hands together, feet pointed up. Sits all in a bunch, with head buried on bed, no clothes on at all. As soon as anyone enters room assumes more natural position. Sits up, changes position, throws self across bed.

Wilder, more contrary, acts queer past week.

> when alone. Melancholy, weeping spells.

Abdomen, lump, apparently enlarged liver, increasing; extends to right iliac region, across abdomen to middle of l. iliac region. A hard, tense mass. Cannot slip clothes down to remove them, they must be taken over head.

pressure causes belching.

two or three spots on r. side of lump, sensitive to touch.

Lies on l. side; if goes to sleep on r. side, turns to l. in sleep.

Complains of no pain, but is tired of the bed.

Eats almost nothing, craves pungent things, German dishes, game; asks for things and insults those who bring them to her.

10:30 A. M. Bowels, stools very offensive, brown.

Sulph. 55 m.

Sept. 26. Chill 3 P. M. on 23d very severe 20 or 30 minutes, began to pass off after hour and a quarter.

Fever at 7 P. M. for 10 or 15 minutes; > by sweat, which was very profuse, soaking everything, lasted till midnight.

Abdomen; severe pain during night along right border of lump, could not bear any motion; so severe unable to straighten r. leg.

> hot applications at first; < touch of anything last night.

sensitiveness increased each night; painful part last night hot to touch and subjectively, red as if scalded.

pain comes on at midnight and nearly sets her wild; between 2 and 4 ached all over.

before midnight feels easy.

< lying r. side; cannot turn to that side, lies only on left.

Fever, burning up all over when pain is most severe.

thirst, restlessness, anxiety midnight to daylight.

Face peaked, thin; sunken, anxious after 3 P. M., "looks as if might die before midnight;" yellow color, lighter since 24th.

Bowels at 7 A. M. on 24th began to discharge profusely brown, chocolate-colored, terribly offensive watery discharge, which made a persistent brownish stain. frequent during day till 7 P. M.; < after 3 P. M.

after this the lump in the abdomen greatly reduced at l. side.

skin, instead of being tense, lay in wrinkles over the part.

Weak, too weak to talk; cannot move to empty bladder and rectum, must lie still.

Anxiety, tells everyone this is going to finish her; cannot bear to be left alone. Prayed to die to be relieved of suffering.

Ars. a., 8 m., 2:30 P. M.

Sept. 29. After the medicine, the pains returned from 4-7 P. M. less severe; there was no midnight <.

Face grew calm and quiet as soon as pain was >.

Cough, since last report, makes abdomen feel sore; seems to prevent sleep; begins about 6 P. M.; recurs in paroxysms.

dry, racking; excited by dryness in throat; drink gives no >.

< lying on back.

Sleep, first night none; since then in evening 6-8 P. M. and morning 6-8; sweat during sleep; threw off covers; grew cold, so she thought she would have a chill; sweating begins, she feels good then goes to sleep; on waking from morning sleep always feels <, exhausted.

6 A. M., drops to sleep while one is talking to her; at night no amount of talking has this effect.

Abdomen and bowels—two stools on 27th; yesterday ineffectual urging with passage of offensive flatus; to-day at 10 A. M. began discharge again, as few days ago.

when bowels discharge profusely, lump in abdomen materially decreased in size; is now compact, rounded extending much less to left of median line.

sensitive spots along border growing > in succession.

Urination frequent, < drink of water; one day on surface of urine, flakes like bits of tissue paper, offensive.

Slipping down in bed.

Hungry in epigastrium to-day, ate good-sized oyster stew.

first has felt desire to eat.

From this time for two and a half weeks the bowels continued to discharge thin watery, brownish yellow, foamy, offensive discharge, at times very little and very frequently, then for a period of twelve or twenty-four hours; at little longer intervals profuse gushing, stools without voluntary control. One of these periods was started with discharge of two large pieces described as looking like liver. After such a period for twelve or twenty-four hours there was no evacuation at all. Always after such a profuse flux the size of the lump was decreased, the skin where it had been stretched by the growth was lax, wrinkled. By Oct. 16 lump extended no farther than the umbilicus and iliac crests stood up prominently, the abdomen presenting appearance of great emaciation.

Throughout this period the patient was extremely weak, with frequent spells morning and evening of greater weakness, when daughter thought she would not rally. Then she would grow quite bright again. She was mostly cold, wanting to be covered. Sweating continued in spells. Cough was more or less troublesome and her sleep was generally poor and unrefreshing. Complained of much thirst, but feared to drink because it started flow of urine and stool.

Oct. 20. For the past four days has great distress with urethra and meatus, which always comes on about 6 P. M. and continues through the night with agonizing torture.

Urination, painful *burning* just before, during and after, passage at meatus; has been bad for past two weeks; few days burning when not urinating, after passage feels as if sharp knives rasping in lower part of urethra, cannot keep still, pain makes her toss about, sitting, lying, works self into a nervous fret, laments, cries and groans.

rain comes on suddenly makes her start, with sudden tenesmus and ineffectual straining, when urine comes it flows without effort.

greatest burning about meatus, which is red, swollen, hot, with flaky curdy discharge.

On afternoon 17th a cyst seemed to have formed within the urethra and broke, with discharge of watery bloody matter. This gave temporary relief and allowed some sleep. Agony just as great or worse since.

Disconsolate weeping spells for nothing, thinks she is not well tended and is a nuisance to the family.

Hungry, eats heartily.

Cantharis, 39 m.

Oct. 29. Ten minutes after last remedy a large passage of blood and later a clot of blood from urethra gave great relief to distress and the trouble has been > since. Burning and pain return, but less severe. Patient has been getting up to have bed made, few days past; after this much flatus in bowels, with rumbling and bloating. Hungry at 10 A. M. and in afternoon and at night, altho' she has hearty meals at regular times.

Sleep poor, awoke every hour for urination.

Sulph., 55 m.

Dec. 7. After last medicine for a day or so seemed weak, had no ambition and wanted to be let alone. On Nov. 2, *Cantharis* was given again to relieve the same symptoms as before, which "set her wild and sent her all over the bed" again. The trouble improved from that time on.

Bowel evacuations continued frequent day and night; every hour at times, lately every two hours. stools loose or formed, gray, not so watery. Bearing down after passages of late.

Complains of much flatulence at night with pains.

Appetite more normal, eats less at a time, feels satisfied.

Growing steadily stronger though lower limbs seem very weak. By middle of November walked out to another house, around the corner. Has been doing little bits of work that require no walking or standing. Growing fleshy about upper part of body. Went upstairs one day.

Abdomen; lump few weeks ago reached to within one inch of median line; size not much reduced since.

Bloating over rest of abdomen.

Cold in one spot in middle of back; legs cold.

• Face haggard, peaked, like a hag.

Disposition melancholy and ugly spells, thoughts revert to disagreeable subjects about which she talks. Talks ugly to and of those about her. Fault-finding, morose spells, two or three times a week; taciturn; thinks she is badly treated.

< evening.

Sick spell on 4th, face red, cheeks burning in evening, next day skin yellow again, even to whites of eyes.

Flatulence and pain in epigastrium and under shoulder blades.

Phos., 20 m.

1898.

Jan. 7. Improved throughout after 7th, symptoms returning, gained one and a half pounds each of last two weeks.

Urination, after passage severe sharp pains, past few days; must stand to pass urine, will not flow sitting.

Phos., 20 m.

Jan. 27. Continued to gain at rate of one and a half pounds a week. Ten days ago suffered with severe spell of urinary tenesmus coming suddenly at 3 P. M., lasted for many hours. After long straining only few drops passed, but stool was passed, so great the straining. This kept her restless and distressed. Nux, Arsenic and Pulsatilla were given in succession, with no relief until one hour after the last. She said it was the worst spell of the kind she ever had, but she felt generally better after the pain ceased. One week later the same thing returned at 9:30 A. M. Sepia was given, but the whole thing ceased as suddenly as it came at 6 P. M. to return the next day at 9:30 A. M. Urine passed at 5 A. M., but later urging and straining were without avail. Sulph. was used and at same time, as distress was so great and the difficulty seemed

to be spasm of the sphincter, a catheter was used. One and a half pints of urine passed and great relief was experienced. Then it was learned that all this urinary trouble dated back about thirty years. She had stood on the street corner holding her baby for hours to watch McClellan and his troops go by in parade. After that severe pain was felt in the right kidney region, with the burning and distress on urination. Pains in the kidney came usually in afternoon, when it ceased the tenesmus began with burning. Recently there is no pain in the kidney. For many years she was treated for this by different physicians, but never was entirely relieved. Years of steady treatment left her little better than an invalid. Since last spell urination is free, clear, urine with slimy sediment.

Colic spells "as if bowels tied in knots here and there," followed by belching which relieves the pain.

< at night.

Appetite good, "eats as much as any strong man."

Lyc., 43.

March 2. Reports that "last medicine did a world of good."

Urinary trouble steadily improved. Had two spells of spasm of neck of bladder last month; used catheter after an hour or two and had relief thereafter. Not so well last two weeks.

Feet swollen, seeming to come on just before urinary trouble.

numb for long while, not now. Limbs tired, aching.

Bowels have acted more regularly, stools better color and form sometimes short spell of more frequent passages, usually two stools a day.

Chill, creepy, about 4 P. M. on Feb. 22, lasted fifteen minutes, again about 9 P. M. on 26th.

Sweating every night since chill, wringing wet. Begins about midnight, dried before morning. Feels weak and dragged out in morning.

Abdomen, soreness in hepatic region. Was once struck

with a chair over liver, had a black and blue spot for long time.

Weight, 103 pounds.

Lyc., 43 m.

April 12. Better in some respects after last report. Has taken cold.

Cough day and night < night, wakes before daylight with it and goes to sleep again.
expectoration white.

Chills night of 7th and 10th; face hot and feverish.
sweating at night before midnight.

Nervous, trembling.

Urination pains so severe, often must lie down, they cease sooner than when sitting.

Lyc., 43 m.

June 17. Urinary trouble more or less since April. Had *Lyc. cm.* on May 1st, but it gave only temporary relief. Burning pains; sharp, needle-like stitches pulled in different directions in urethra during. Soreness at meatus causes distress sitting or standing. Bearing down > only by pressure of hand over pubes. Strings of bloody mucus with urine, most abundant when there is most difficulty with flow. Mucus hangs in strings from the vessel when urine poured off. Continual itching in urethra. Blood in tiny drops after urination. Passed urine sitting down on May 9th for first time. Feet cold before severe pains came. Makes her restless; must walk about.

Sweating in sleep in early morning, ceases on waking; none since 12th.

Bowels; stools more and more approach normal stool in form and color.

Limbs heavy, awkward, tired.

Tongue numb at tip, as if asleep.

Cough hard since 15th; two hours continually last night.
< after midnight, excited by tickling in throat.

involuntary urination with cough; abdomen sore from coughing.

expectoration thick yellow, at times difficult to dislodge.

throat raw from cough.

Eyelids heavy, as if held down; cannot open them first on waking.

Wakens every morning about 4 A. M.

> quiet.

Kali bich., 10 m.

June 29. Pretty well since 17th. Wretched and draggy before.

Urinary calculus passed on 23d. When dried, about one-quarter inch in diameter, symmetrical, like tiny grains conglomerated in one mass.

From this time to May, '99, there has been steady gain in strength, weight, and improvement in symptoms. *Kali bi.* has been repeated three times since, and occasionally an acute remedy for colds, etc. The most prominent symptoms have been more or less definite pain in liver, interference in the passage of urine with mucus, and chill and sweat. These return from time to time, but do not last long. The lump she says she does not feel nor see at all, and the pain and distress on urination have gone. In March weight was 111½ pounds. She has been doing housework and various little things, including washing clothes, since November. Reported once was "feeling almost in Heaven" she felt so well.

This case, though long in its reporting, is one after all, of which the half is not told, but rather must be imagined. It demonstrates how much a strong constitution can go through and yet come out triumphant. For thirty years this woman suffered from what was in reality not a great disorder. Probably half of this time she was being dosed with all sorts of drugs, too numerous to contemplate. How much of her trouble at seventy years of age was due to effect of disease and how much to effect of drugs would be difficult to tell. At the most trying time of her sickness the daughter, who proved a faithful and observant nurse, answered inquiries by saying that "the doctor had been cleaning out the drugging her mother had had, and now had to build her

up again." Practically this may have been true, for when the case was put into shape almost closely resembling the old trouble for which she was drugged, the remedy was not difficult to find.

Why do homœopaths object to use of antiseptic instruments of steel to clear away disease results? Because the wonderful potentized remedies do better work. Suppose an exploratory and diagnostic incision had been made when the patient was urged to go to the hospital. what would have followed? The one who advised this said recently to one of the family that it would have saved all this long siege. Perhaps it would, but we may reasonably doubt if it would have saved the *woman* in strength and vigor as she now is. The finest surgeon yet produced by scientific study and practical experience in his skill would be guided by his judgment in applying his instruments and selecting the place of attack to relieve the economy; the strange force that dwells in these remedies is guided by the power that controls all functions in the body and at the same time, that it wields the power of the lancet, does it also give endurance to withstand the shock that the operation inflicts or reduces that shock to a minimum. What need to perforate the abdominal walls to drain a large cyst or many cysts when these can be drained through the natural channels of evacuation, or to explore the tiny urethral passage to pierce the cyst there when its wall is broken by the surrounding influences, or to probe the bladder for calculus, or inject fluids to wash out the mucus there when these things are evacuated by natural means, perhaps less rapidly than the surgeon's judgment would dictate, but rapidly enough to effect relief to the organ and permit the development of healthy mucous membrane.

As much as any one point does this case demonstrate the importance of understanding the relation of one part to another, the unity of action of the whole body. There is a popular notion that a long-continued diarrhœa is weakening and hence should be prevented. If attempts had been made to check the diarrhœa when this patient was indeed so weak she scarcely could move, how contrary would it have been to the effort of the economy, which by this means relieved and reduced the abnormal growth of the abdominal organ. If opiates had been used to quiet the

mad conduct of the maniac the brain would soon have been suppressed unless it proved too strong for such vile measures and they had failed.

If the pain only were considered when the patient suffered so severely from urinary tenesmus and opiates had forced quiet there, it would have been long before the true image of disorder would have shown forth. This demonstrates also the importance of getting all the points in any record. If the influence of old troubles suppressed, and the cause of disease after suppression were not understood, the basis of this case would never have been perceived but the record first obtained showed that suppression of symptoms years ago had affected the constitution and the additional points of the early history gained later, all taken together, made it clear to one dealing with the study of chronic diseases that this must be a long case of sickness and a long time in cure, that the violent disturbance was a favorable feature and the slow, steady reaction the only possible means of safety. If the history of the beginning of the urinary trouble had been given early in the case it would perhaps have shed a different light on all other symptoms, showing them in clearer image of the remedy not recognized till later, though shadowed throughout. Altho' her progress seemed slow as the weeks went by, and she still was weak, after the passage of five months, when the patient walked on the street, the changes that had taken place within her seemed evidence of rapid work indeed. She was told then that she must keep under treatment or observation at least two years. Now at the end of two years the suffering of thirty years has been removed and the woman is as tho' newly born—risen out of her old self to a new life. She is ready to speak in favor of Homœopathy any time, and is joyfully grateful for her release from bondage.

PERSONALS.

DR. THOMAS SKINNER'S consulting rooms are now at 6 York Place, Portman Square, London, W., England, and his new residence is at 4A Montagu Mansions, Portman Square, London, W.

EDITORIAL.

THE AMERICAN HAHNEMANNIAN ASSOCIATION, just organized, will command the confidence of nearly all true followers of Hahnemann in America. The report of its secretary in last issue shows its beginning. The Society of Homœopathicians holds no meeting this year. It can scarcely be said the recent meeting of I. H. A. was much of a turnout, as report has it that only thirteen members were present. If all good men will now lay aside personal matters and unite for the good of Homœopathic Therapeutics under the new name much excellent work will be done.

The deadlock was reached when it was evident that the S. of H. representatives would not return to the I. H. A. and it was just as impossible for representative I. H. A. men to go with the S. of H., but it is hoped that a new name may unite all the good men under laws framed to prevent such mistakes as have occurred.

The JOURNAL predicts a society of one hundred members within the next three years. There are several hundred good Hahnemannians who should come forward and work to build up this new society. All who wish to express their good will, and desire to become members, should send their names to the Secretary, who will furnish blank application and instructions.

A SURPRISE PARTY.

It looked as if a house-warming company had gathered in Dr. Kent's new residence at 2133 Walnut street, as the P.-G. Alumni took possession in a most mysterious manner one night toward the end of July. One after another arrived and increased the look of surprise on their preceptor's countenance, until Dr. Cooper made known in a neat little speech, that the Post-Graduate School Alumni had decided that the completion of the repertory should be the occasion on which they would express their deep personal regard for Dr. Kent, and their appreciation of his teaching. As a memento of the occasion he presented to Dr. Kent the gift of the alumni, a large cut glass loving cup, on the silver brim of which was engraved the following: "Presented to Professor J. T. Kent, A. M., M. D., by the Alumni of the Philadelphia Post-Graduate School of Homœopathics, in recog-

dition of his labors and sacrifice on behalf of Hahnemannian Homœopathy."

Dr. Kent, in thanking the alumni present, and through them, the alumni in other cities, expressed his keen pleasure in the fact that Hahnemann's teaching was still alive and active and that cattered through the different States were those who would stand for the truth and advancement of the only true science of healing.

H. A. C.

DR. KENT'S SPECIAL COURSE AT DUNHAM MEDICAL COLLEGE.

The special course of lectures on *Materia Medica*, which Dr. Kent has promised to conduct at the Dunham in its next session, will commence on October 2d, and continue for about ten days.

BOOK FOR REVIEW.

A COMPLETE REPERTORY OF THE TISSUE REMEDIES OF SCHÜSSLER. By S. F. Shaanon, M. D., Denver, Colorado. Published by the Author. Royal Octavo. pp. 544.

This is the best and most convenient repertorial form that these twelve remedies of Schüssler have ever appeared in and this book furnishes a companion volume to Dewey, treating on the same subject. The author has followed a plan similar to that of Gentry's concordance and hence there is much repetition, but it is a valuable addition to our literature.

AN OPEN LETTER FROM THE REGISTRAR OF DUNHAM MEDICAL COLLEGE.

JOURNAL OF HOMŒOPATHICS: We wish to trespass but a few minutes upon your time and very briefly enumerate the exceptional advantages offered by the Dunham Medical College, of Chicago, in the teaching of the Homœopathy of Hahnemann, the practice of which brings greater success and honor than any known system of medicine. The Dunham has a large faculty, made up of gentlemen of national reputation, each and all of whom are firm believers in the underlying principles of Homœopathy, and not only use the same in their private practice, but constantly teach the same in the lecture room and clinic. All the

chairs are filled by gentlemen who are especially adapted for that particular work. Our course is most thorough, of seven months' duration, and all branches taught in any medical school are thoroughly covered in the Dunham. Especial time is given to that foundation of all branches, the study of Anatomy, also Surgery and Materia Medica. Didactic work is made most interesting, and wherever possible is interspersed by clinical teaching. The clinics are large, and amply illustrate every form of disease.

The college building, erected especially for us, is situated in "the medical center of this country," just opposite Cook County Hospital, and fully meets our requirements, being lighted upon four sides. The rooms are all airy, light, heated by steam; the laboratories are thoroughly equipped; and dissecting material is in abundance.

The rooms are tastefully decorated, and all combine to make most pleasant quarters.

We will take pleasure very shortly in forwarding you our College Announcement, and also Journal, which we ask you to kindly and critically review. Please remember the superior advantages offered by the Dunham when you have students contemplating the study of medicine. We will regard it as a special favor if you will acquaint us with the names and addresses of any prospective students, lady or gentleman, that we might enter into correspondence with them. There is a growing demand for Homœopathic physicians who are thoroughly grounded in Homœopathy as taught by Hahnemann, and our graduates cannot help but be most successful and in demand wherever they may locate.

Trusting to hear from you, I am,

Very truly yours,

JOHN STORER,

Registrar and Treasurer.

IF your city is not named in the list where Perfection Liquid Food is obtainable ask a prominent druggist (preferably one who handles homœopathic supplies) to communicate with Dr. Guernsey about it. You cannot afford to ignore it.

DR. KENT'S REPERTORY.

[Extracted from the *Minneapolis Homœopathic Magazine*.]

REVIEW BY DR. GEO. E. CLARK, of Stillwater, Minn., Professor of Practice in the College of Homœopathic Medicine and Surgery of the University of Minnesota.

I am quite certain no homœopathic physician can examine this master work and not be impressed with the vast amount of labor and careful research expended in the completion of an undertaking of such magnitude. One of the first qualifications of a repertory is accuracy. Lacking this quality even in a slight degree, it seriously detracts from its value and is no longer a reliable index of the indicated remedy. This work has cost the author twelve years of diligent research and varied experience. The whole range of homœopathic literature has been carefully sifted and reliably verified symptoms have been admitted. It will be seen to what proportions our up-to-date *materia medica* has grown, when it is found that no less than 490 remedies are considered in this work. To make accurate and ready use of such a large list of remedies, can any mortal man doubt the need of a repertory? Without assistance from some book of this character, it necessarily follows that the prescriber will fall into one of two errors. First, and most likely, careless and inaccurate methods in the selection of the remedy, or remedies. (Failing in genuine curative results, he *strengthens* the dose and multiplies changes of the remedy. Is it any wonder that there are physicians that doubt the efficacy of medicines and really do not personally know what true Homœopathy *is* and can *do*?) The second error is a tendency to routine methods—a limited list of drugs and a consequent neglect of many valuable, and, at times, indispensable, remedies.

This much as to the necessity of repertories in general. Of the many valuable books of this character that have heretofore served the profession, the greater portion are now of little use. Lippe's, for a long time standard and one of the best with others before it, is now out of print. Bœnninghausen's, even revised, is not now, and never will be, popular. Besides, all are defective, in that they contain only a partial list of drugs. Our *materia medica* is a pro-

gressive science: consequently we now need a work that contains a complete reference to all our present list of proven drugs.

Another important feature of the book, and one especially worthy of mention, is its admirable arrangement. The work is divided into twelve parts, following the anatomical order. Fascicle I covers all symptoms referable to the mind and sensorium; others in order, cover the head, mouth, stomach, extremities, etc., the twelfth embracing generalities. Under each of these twelve great divisions the symptoms pertaining to that particular anatomical section are alphabetically arranged. It will be readily seen what a saving of time and space this affords in finding in one place all that is wanted descriptive of that one symptom, rather than in scattered references throughout a great book.

Another excellent feature, and one that all users of repertories will appreciate, is, first, the appearance of the general rubric with all remedies applicable. Following this, the special symptoms that modify this general rubric.

For example: from the chapter on mind, which is especially fine, take the word, "Fear," 112 remedies are given under this general heading. Beneath are the various times of appearance as day, night, morn, etc., with their remedies, next, conditions of appearance, and lastly, kinds of, covering ten columns in all on this one symptom.

This will illustrate both the convenience of reference and the exhaustive manner in which the author has handled the immense task before him. Three styles of type are used to designate the relative values of the remedies.

Without doubt this is the most valuable addition to our homœopathic literature received since the venerable Hering put forth his "Guiding Symptoms," of which it is a most worthy companion. Equipped with these two books, the homœopathic therapist might well make disease tremble, for he is using nature's remedies in truly scientific application.

The man whose highest ambition is to *cure, cito, tuto et jucunde* every possible curable disturbance of the vital energies, who places palliation and excision as secondary and subservient to the higher dynamis of the indicated remedy, such, we believe, will gladly welcome this valuable addition to our homœopathic armamentarium.



DR. G. A. H. MÜHLENBEIN

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DEPARTMENT OF MATERIA MEDICA.

ANTIMONIUM CRUDUM.

Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.*

You will be surprised, when studying full provings of this substance, to notice that all the symptoms seem to centre about the stomach; it does not matter much what kind of complaints he suffers from, the stomach takes part in it. The pains disturb his stomach and bring on nausea; with his headaches he is sick at the stomach; with all sorts of complaints his stomach is out of order, and, on the other hand, whenever he disorders his stomach he is sick all over. Complaints that manifest themselves through the stomach very frequently need this medicine.

First in importance are the mental symptoms showing the type of constitution likely to need this remedy. It produces a very serious state in the mind, an absence of the desire to live. It is well known to physicians that the case is a serious one if the patient is willing to die, and has no desire to live; life is a burden. When I hear a patient say: "Oh, doctor, if I could only die," I do not like such a case; there is some deep-seated trouble in the economy that is hard to remove. Something is threatening, and when it comes it is a common thing to see the patient actually die. "Loathing of life" you will find in the text. You will find this especially in a low, lingering, continued fever, such as typhoid. This remedy has all the prostration of typhoid, and it has the continued type of fever as well as the intermittent and remittent. The prostration is similar to *Arseni-*

*Stenographically reported by Dr. S. Mary Ives.

cum, but *Ars.* has overwhelming fear of death, while this medicine has loathing of life; and so they at once part company. *Ars.* has overwhelming restlessness, this remedy is seldom restless. *Ars.* has an intense thirst, this medicine is thirstless. So even though both these remedies have excessive exhaustion with continued fever, we see they have features dissimilar enough to make them wholly distinct. Now such a typhoid will sometimes be seen in young girls about puberty, who are threatening to go into chlorosis. They have loathing of life, but it is a hysterical loathing of life. Moments of great exhaustion, sudden attacks of weakness and fainting come on. You will commonly find another feature with this, not coming at the same moment, but alternating with it, or only present at times, namely, these over-excitables, intense, nervous, hysterical, ecstatic young girls and women, are overcome by mellow lights such as flow through stained glass windows or the mellow light from the moon in the evening. That is what is meant when it says in the text: "Sent mental mood in the moonlight." It is a hysterical state, a disorderly outburst of the affections, such affections as can be aroused only in one who is sick, or one who is unbalanced in the general nervous system. This kind of patient gives us the mental state and constitution of *Ant. crud.*, and along with such mental states the physical conditions seem to strike to the stomach, as it were.

We have running through this remedy a general state that you should keep in mind, that is, a gouty or rheumatic state, in which the symptoms change with the changes of the weather; worse in cold, damp weather, worse from cold bathing, better from the heat of a hot bath, worse from taking sour wine, and worse from stimulants of any kind. When you use the expression "worse from wine," it is not only important to know that the patient is worse from wine, but also the character of complaints that are worse from wine. This patient becomes easily intoxicated, but he is more sensitive as to the physical symptoms than the mental; his gouty symptoms are worse from sour wine; all the pains and aches of the body and joints are worse from sour wine; headaches come from this cause and the gastric disturbances are greatly aggravated from sour wine.

This patient is worse at night, worse in damp weather, worse from cold, better from lying down quietly, better from applied heat, but much worse from over-heating and from radiated heat. Many of the symptoms come on in the sun's rays and from the heat of an open grate. The open fire is wholly against the Ant. crud. patient. A child with whooping cough will cough more after looking into the fire. Such things are queer; they are so strange that there is no philosophical hypothesis to explain them, no theory that looks toward an explanation, but they are facts which we must accept.

To return to the gouty constitution; the whole gouty nature of the case seems to change so suddenly that you wonder where the more exterior symptoms have gone to, for all at once in a night or day the patient commences to vomit and you have persistent vomiting, lasting days and weeks, until the gouty symptoms come back into the extremities. It is wonderful how quickly this old-fashioned metastasis will come on, this changing from one place to another. The gout suddenly ceases in the extremities and stomach symptoms come on, and you may call it gout in the stomach if you will.

There are catarrhal symptoms in this remedy; catarrh of the nose, stomach, rectum, etc., and an increased flow of mucus from any of these localities from drinking sour wine and from cold. A distressing feature of the catarrh is the stuffing up of the nose at night. As soon as he gets into an overheated room, his nose gets stuffed up and he has all sorts of indescribable suffering. The coryza has a tendency to become chronic, because of the low and feeble circulation and the poor constitution. When it becomes chronic it is worse at night and is associated with headaches. As the catarrh slackens up and becomes dry the headache becomes worse; he has neuralgia in the head, crushing pains and dreadful sickness at the stomach with vomiting. He often has an attack of sick headache and it will be called by the family a gastric sick headache, but the condition just mentioned comes on from taking a little cold which slacks up the thick discharge into a dryness of the nose and the inhaled air smarts and burns the nose like fire. Sometimes these troubles pass off after an intense vomiting spell; sometimes they do not,

but the headache may remain for days not relieved by vomiting, or relieved only after prolonged vomiting. There are remedies full of headache and as soon as he vomits he feels better, but in this remedy he vomits and vomits and becomes relaxed and exhausted. The headache is worse moving about, worse at night, better from lying down, from keeping quiet, better in the open air if he can get to it, worse in a warm room, worse from overheating, worse from radiated heat and light. You see now how the catarrh, the headache and gastric symptoms all belong together. It is because the patient is sick that you cannot take symptoms separately, you must prescribe for the whole man.

There is another feature belonging to the mucous membranes, and an important one; these membranes have a tendency to throw out a milky white exudation or deposit, and it is especially noticed upon the tongue. The whole tongue is covered with a milky-white deposit, or white fur. This you find in all diseases where the remedy is indicated. In the summer stomach disorders of children, in gastric fevers, in complaints with fever and much vomiting, great irritation of the whole nervous system and in irritation of the stomach in typhoids, the tongue looks white. Upon the slightest provocation he will retch and gag. Everything seems to disturb him. He has loathing of food; the thought of food and the smell of food disturb him. This is a good deal like *Arsenicum*.

He takes a cold bath at night on going to bed and gets up in the morning voiceless; cannot speak a word. This has come on in an apparently painless manner; he does not know that it is present until he attempts to speak in the morning. This may be present with spasms of the larynx, clutchings of the throat, and all other conditions. Colds sometimes go down into the throat and into the trachea, producing a bronchitis or pneumonia.

Dry, hacking spasmodic cough in diminishing paroxysms. I will explain that: The first paroxysm occurs with great violence, racking his whole frame, and lasting a shorter or longer period, to be followed by one with less violence and another with less violence; perhaps after a dozen or less paroxysms of diminishing violence, he ends up with a dry, hacking cough which is not a paroxysm. When this first cough shakes the whole body,

whether it is a bronchitis or whooping cough, and the tongue is white, and there are more or less gastric disturbances, Ant. crud. is the remedy. It will change the whole aspect of the case at once; and you won't need much of it. The chest remains sore, lame and bruised from the violence of the cough.

The stomach symptoms must be particularly considered. Constant nausea, lump in the stomach, feeling all the time as if he had an over-loaded stomach, as if he had eaten too much, and that is when he had not eaten at all. The stomach feels distended although the abdomen is flat. He feels distended and vomits the contents of the stomach; he vomits slime after he has emptied the stomach of its contents; prolonged retching, nausea, sickening load in the stomach and it seems to go on and on. The vomiting does not relieve and there is increasing exhaustion.

Inflammation and hardness of the liver or any portion of it. Pain in the region of the gall bladder. Great pain in the region of the liver, rending, tearing pains in the liver. Jaundice is associated with these symptoms at times.

In the abdomen we have a group of symptoms; dreadful abdominal pains, burning, great distension; there appears to be an increasing distension as if by a screw, gradually forcing down upon something, gradually increasing the tension. We find this state in the tympanitic condition of typhoid fever, we find it in cases of flatulence, we find it in summer diarrhoeas. It will be associated with gastric symptoms and the white tongue, especially if such disturbance had been brought on by drinking sour wine, by taking a cold bath, in one who has a gouty constitution, where the nodules in the fingers and joints become painless and the stomach and bowels become distended and painful.

This remedy has a nondescript diarrhoea, but also a lumpy and liquid diarrhoea. It seems to take a long time to empty out the bowels. He hurries to stool and passes a little lump and some liquid, and is soon hurried again to stool and more lumps and liquid are passed, and this goes on in summer diarrhoeas until finally the bowel is emptied out and then there is great tenesmus. It is a diarrhoea ending in dysentery and inflammation of the rectum and colon, with a great deal of suffering, much tenesmus, prolonged efforts and great exhaustion.

Troublesome hæmorrhoids in old gouty constitutions. They are always sore and inflamed from a cold, wet day, from cold bathing and are always worse if he is foolish enough to drink sour wine or take sour food. The stomach, bowel, rectum and hæmorrhoidal complaints are all worse from disordering the stomach with sour wine, sour fruit or indigestible substances, from cold bathing and wet weather.

The pelvic viscera become greatly relaxed, especially in women, so much so that there is a dragging down in the pelvis. It seems as though the contents of the pelvis would be expelled, or would fall out. There is prolapsus of the uterus and a discharge resembling leucorrhœa. Disturbances of various kinds at the menstrual period. Irritable and painful ovaries, such as we find associated with hysterical girls, those who suffer from unrequited affections; dreamers.

This medicine produces sweating; copious, exhaustive sweats, night sweats, such as we find in lingering diseases. Sweats from the slightest exertion. If he becomes slightly overheated he fairly boils with perspiration and then takes cold.

The skin is ulcerated and has a tendency to grow warts, callosities, bad nails and bad hair. Hard, horny excrescences grow under the nail and are extremely painful. From the ends of the fingers little horn-like excrescences appear. The slightest pressure will produce a callosity, or a sore place, and in working men you will find an unusual tendency to thickening of the skin or the soles of the feet. They are very sore to walk upon, because these callous places are sensitive and have numerous centres of little corns. The tendency to build up and indurate belongs to the remedy. Warts grow upon the hands; the nails become brittle and black and can hardly be cut; they are hard and dry. The hair is unhealthy. Pustules form upon the skin with red areola. Pustular eruptions have an inflamed base that is red, and sensitive.

Now, if you will study the proving and get the particulars of the remedy and fit them into this framework, you will understand something of Ant. crud.

GELSEMIUM.

If you will observe the weather conditions in sharp climates, such as Minnesota, Massachusetts and Canada, you will find that the cold spells are very intense and that people, when exposed, come down with complaints very rapidly and violently. Well, that is the way the *Bell.* and *Acon.* cases come on but Gelsemium does not do business in that way. Its complaints are more insidious and come on with a degree of slowness. A Gels. cold develops its symptoms several days after the exposure, while the *Acon.* cold comes on a few hours after exposure. The *Aconite* child exposed during the day in dry, cold weather will have croup before midnight. But in the South things are very slow. Like the people themselves, their organs are very slow, and their reaction is slow. Their colds are not taken from the violent cold, but from getting overheated. Hence, they take cold and fevers of a low, malarial type; they have congestive headaches and congestive complaints that do not come on violently. When we think of the climate, and consider the people, and the pace of remedies, we see that Gels. is a remedy for warm climates, while *Acon.* is a remedy for colder climates. Certain acute complaints in the north will be like *Aconite*, while similar complaints will have symptoms in the warmer climate like Gels. The colds and fevers of the mild winters will be more likely to run to this medicine, whereas the colds and fevers of a violent winter will be more likely to run to *Bell.* and *Acon.* It is true that *Acon.* has complaints in hot weather, fevers of hot weather and dysentery of hot weather, but they are different altogether from the complaints of winter.

Gels. has been used mostly in acute troubles. In lingering acute troubles and in those bordering on the chronic it is very useful, but in chronic miasms it is not the remedy. It is only a short-acting remedy, though slow in its beginning. In this it is like *Bryonia*. *Bry.* complaints come on slowly, and hence it is suitable for fevers coming on in the southern climates, but it also has sudden violent complaints, though not to the extent we find in *Bell.*

The complaints of Gels. are largely congestive. Cerebral hyperæmia, determination of blood to the brain and to the spinal cord. The extremities become very cold and the head and back become very hot. The symptoms are manifested largely through the brain and spinal cord. In connection with brain affections there are convulsions of the extremities, crampings and convulsions of the fingers and toes and of the muscles of the back. Coldness of the fingers and toes; sometimes the extremities are icy cold to the knees, while the head is very hot and the face purple or livid. During the intense congestion the face is purple and mottled. The eyes are engorged, the pupils dilated (sometimes contracted), the eyes are in a state of marked congestion with lachrymation and twitching. The patient feels dazed and talks as if he were delirious; incoherent, stupid, forgetful. It is like this in intermittent fever that gradually grows towards a congestive chill. Great coldness running up the back from the lower part of the spine to the back of the head. Shuddering, as if ice were rubbed up the back. The pains also extend up the back. With the coldness of the extremities, the very dark red countenance, the dazed condition of mind, the glassy eyes and dilated pupils, we have the neck drawn back and rigidity of the muscles of the back of the neck, so that the neck cannot be straightened, and there are violent pains up the back and coldness in the spine. This state of affairs would remind one of cerebro-spinal meningitis. Pain in the base of the brain and in the back of the neck. With all states there is considerable fever, a very hot skin and a high temperature, with coldness of the extremities. Sometimes the troubles of the remedy are ushered in with a violent chill. This is a very important remedy to study when such symptoms are present in intermittents and in a few days the tongue begins to coat, nausea comes on, possibly ending in vomiting of bile, and instead of there being an intermission a continued fever extends from one paroxysm into another, with a higher temperature in the afternoon. The chill practically subsides, leaving a state which has the appearance of typhoid, with dry tongue, not much thirst and marked head symptoms, dazed in mind. If this continues many days delirium and all the features of typhoid will come on and the fever will change its type

altogether from the intermittent to the continued. In congestive chills with high temperature occurring in the afternoon, the chill part of it subsiding and the fever part becoming continued, Gels. is a useful remedy. It is also a very important remedy in afternoon fevers without chill in infants and in children. You will find in malarial districts that it is a common thing for the infants to have remittent attacks, while the adults are having intermittents. It is only occasionally that you will see a child or infant shake with a distinct chill, but they often go into a remittent fever, an afternoon fever which will subside along towards morning, to be followed the next afternoon by more fever. With Gels. the child will lie as still as in *Bry.* but there is more congestion to the head; there is more of the dark red face and duskiess, although *Bry.* has plenty of that also.

Running through all the febrile complaints, in the spinal meningitis, in congestion of the brain, in intermittents or remittents that change to a continued fever, and even in a Gels. cold when the patient is sneezing and has hot face and red eyes, there is one grand feature, viz., a feeling of great weight and tiredness in the entire body and limbs. The head cannot be lifted from the pillow, so tired and so heavy is it, and there is such a great weight in the limbs. The *Bry.* patient lies quietly and does not move, because if he moves the pains are worse. He has an aversion to motion, because he is conscious that it would cause an increase of suffering.

The heart is feeble and the pulse is feeble, soft and irregular. There is palpitation during the febrile state. Palpitation, with weakness and irregularity of the pulse. There is a sense of weakness and goneness in the region of the heart, and this weakness and goneness often extend into the stomach, involving the whole lower part of the left side of the chest and across the stomach, creating a sensation of hunger, like *Ignatia* and *Sepia*. There is a hysterical element running through Gels. and it has the nervous hunger, or gnawing.

There are cardiac nervous affections like *Digitalis*, *Cactus* and *Sepia*. *Sepia* is not known to be as great a heart remedy as *Cactus*, but it has cured many cases of heart troubles. It has cured endocarditis, and a remedy that will take hold in endocar-

ditis and root it out must be a deep acting remedy and a very good one to be aware of.

The most of the headaches are of the congestive type. The most violent pain is in the occiput, and it is felt sometimes as a hammering. Every pulsation is felt like the blow of a hammer in the base of the skull. I have seen these headaches so violent that the patient could not stand up, but had to lie perfectly exhausted, as if paralyzed from the pain. In Gels. there is commonly relief from lying in bed, bolstered up by pillows, with the head perfectly quiet. The face is flushed and dusky and the patient is dazed. After that headache progresses a while, the whole head seems to enter into a state of congestion, there is one grand pain, too dreadful to describe, and the patient loses his ability to tell symptoms and appears dazed; lies bolstered up in bed, eyes glassy, pupils dilated, face mottled, and extremities cold. Gels. has also headaches of a neuralgic character in the temples and over the eyes, with nausea and aggravation from vomiting. The headache is relieved by passing a copious quantity of urine; that is, the urine which has probably been scanty becomes free and then the headache subsides.

There is a good deal of nervous excitement in this medicine. Complaints from fear, from embarrassment, from shock that is attended with fear, from sudden surprises that are attended with fright. A soldier going into battle has an involuntary stool; involuntary discharges from fright and surprises accompanying fright. On being suddenly overwhelmed by some surprise he becomes faint, weak and exhausted, he becomes tired in all the limbs and unable to resist opposing circumstances. His heart palpitates. This is similar to *Arg. nit.* *Arg. nit.* has the peculiar condition that when dressing for an opera a sudden attack of diarrhoea comes on causing more or less sudden exhaustion, and she must go several times before she can finish dressing. Those who are to appear before a public audience are detained because of a sudden attack of diarrhoea. A lady has an attack of diarrhoea when about to meet friends over whom she expects to become excited at the meeting. The anticipation brings on the diarrhoea. Such a state is *Arg. nit.* These medicines are so closely related to each other that there are times when they will appear to do the work of each other.

Then we have paralytic affections of the sphincters, and so with the febrile conditions there is involuntary loss of stool and urine. There is also a paralytic weakness of the extremities and of the hands. With paralytic states there is aching along the spine and in the muscles of the back; drawing, cramping in the muscles of the back and aching under the left shoulder blade.

There are all sorts of disturbances of vision, double vision; dimness of vision, appearance as of gauze before the eyes; confusion of vision and blindness. These symptoms come on before going into attacks, in connection with chill, at the coming on of sick headaches and congestive headaches.

All sorts of objects are seen; the field of vision appears full of black specks, or full of smoke or little waves of various colors. It is useful in inflammation of all the tissues of the eye and of the eyelids. The eyeballs oscillate laterally when using them. Drooping of the eyelids or ptosis is a marked feature and is in its paralytic nature. The muscles are relaxed, they do not hold the lids up. The lids close when he is looking steadily; they simply fall down over the eyes.

The patient in general is a thirstless patient and it is the exception that there is much thirst in Gels. It has a profuse, exhaustive sweat. Gels. is aggravated from motion, or rather motion seems to be impossible. It seems that he is unable to move, that he is too weak to move, and this runs through all complaints. At times Gels. is a great remedy for coryzas, with sneezing and running of water from the nose, with coldness in the extremities, and the trouble will go on down into the throat and produce sore throat, with great redness and tumefaction, enlargement of the tonsils, hot head, congested face. With this, as with the other febrile conditions, there is heaviness of the extremities. The red face, the heaviness of the extremities and violent sore throat that has come on gradually, a little worse from day to day, until it has become a severe throat, will lead you to Gels., especially if there is paralytic weakness all over, and as the throat trouble progresses the food and drink come back through the nose. This is due to a paralysis of the muscles of deglutition. The tongue also becomes paralyzed and does not perform its work in an orderly way. There are times when the

paralytic weakness is not sufficiently marked to account for things seen, but there is an incoördination of muscles and then he is awkward. He undertakes to take hold of an article and takes hold of something else. When he does grasp his hand feels weak. He is awkward and clumsy and the muscles do this and that and something else not ordered to do. The trembling, incoördination and paresis are especially noticed during high excitement and afterwards, and these states occur with the febrile condition and remain sometimes after. Useful in paralytic cases that begin with fevers. Rending and tearing are felt in the nerves all over the body and seem to be due to an inflammatory condition. Gels. has cured sciatica, with rending, tearing pains, associated with great weakness of the limbs. Loss of sensation is sometimes found; numbness of the end of the nose, of the ears, of the tongue, of the fingers, of the hands and feet, numbness, here and there, of the skin.

In the male, the sexual organs are in the same condition as the patient in general. The semen dribbles away; there is impotency, no ability to perform the sexual act; the sexual organs are relaxed.

The sleep is greatly disturbed. He cannot go to sleep; every excitement keeps him awake. During marked febrile conditions he has a profound sleep or coma. When he is not in this comatose sleep during congestion he is in a state of nervous excitement in which he lies awake thinking, and yet thinks of nothing in particular, because his mind will not work in an orderly way.

The symptoms of Gels. may be present in inflammation of any organ, uterus or ovaries, stomach, the lungs and of the rectum. It has congestion of organs, but it has also high grade inflammation. There is nothing peculiar in the inflammation itself that would indicate Gels., neither should Gels. ever be given because there is inflammation, but when the mental symptoms are present the delirium, the flushed face, the determination of blood to the head with the cold extremities, the great heaviness of the limbs, the disturbance of sensation, the paralysis of sphincters, then Gels. would be good for inflammation of any organ of the body. In a case of most distressing and violent, rapidly spreading erysipelas that seems destined to

die in a few days all the symptoms pointed to Gels., and though Gels. did not have erysipelas as far as I knew it stopped the progress of that erysipelas in a few hours and the patient went on to a quick recovery. Many times when erysipelas has spread over the face and scalp in the most dangerous manner with the dusky red color that belongs to Gels., and other symptoms such as I have described in a general way, Gels. has taken hold of the erysipelas and cleared it out in no time. If we master thoroughly the materia medica we do not stop to see if a remedy produces certain kinds of inflammation, etc., but we consider the state of the patient. If you can ascertain now what is the state of the Gelsemium patient then you know what Gelsemium is. It is a very full remedy, one that you should study extensively before listening to another.

GRAPHITES.

Graphites is a very deep acting antipsoric, and suitable in those chronic diseases characterized by changes in the skin, hair, nails, glands and mucous membranes and in which the patient becomes anæmic, pallid, waxy, with dropsies. The blood, as it were, seems to be thin.

Now, if we examine first the surface, we notice in Graph. a tendency to throw out eruptions upon the skin. This is a very prominent feature. Eruptions come out in the form of vesicles, or in the form of crusts, and where there are vesicles, or crusts, there will be much oozing. The vesicles break, and there is an oozing of a glutinous fluid, viscid, sticky, thick. When there are crusts, the crusts are lifted up by what appears to be a watery fluid, but upon examining it between the thumb and finger it is found to be viscid, thick and sticky. Occasionally, dry eruptions and dry crusts are formed and cured by Graph., but most of the eruptions have this glutinous appearance. It has eruptions on flexor surfaces, *e. g.*, in the bend of the elbow, in the groin, in the popliteal space, behind the ear, in the corners of the mouth and in the canthi. It has eruptions everywhere, but the eruptions are more likely to begin in these places

and spread to other parts. When fissures come in the corners of the mouth, or in the corners of the eye, the walls of these little fissures get hard, they indurate and build up, sometimes extensively, and then ooze a watery fluid. But eruptions also come in other places, especially the scaly eruptions. We see in infants the scald head, or *crusta lactea*, crusts forming and oozing a watery fluid which seems to lift the crusts off, and the parts remain raw and inflamed and bleed easily, or look red, and smart and burn and are worse from washing; but the least irritation, such as a little scratching, will establish bleeding and copious oozing of this glutinous substance. Sometimes the fluid that oozes out smells like herring pickle, or brine, and sometimes so foetid that you can hardly stay in the room. As soon as eruptions come out they smell like old eruptions that had not been washed for days, as if the discharge had been allowed to decompose. Graph. has all of these things. The discharge is acrid, making the places raw that it comes in contact with, and even eating off the hair. Sometimes we find the formation of vesicles as soon as the parts heal sufficiently to form vesicles. Vesicles form, and in the parts that are too low to form vesicles bloody crusts form; such an eruption comes upon the scalp, upon the back and top of the head, and about the face in infants. At times you will find these eczematous conditions spreading to the mucous membranes. The whole inside of the mouth becomes involved, and it has then a catarrhal or granulated, or denuded appearance and bleeds easily. Sometimes these eczematous conditions exist with a catarrh of the nose and the whole throat is raw, looking as if denuded of mucous membrane. The nose fills with a glutinous mucus, gluey, sticky, honey-like or whitish-yellow and bloody.

The eye gives much trouble in association with eruptions. Sometimes Graph. eye symptoms are present without any eruptions. The face is pale, but old eruptions have left their site purplish, and if there has been a scar upon the face that will be selected as a site for trouble. Vesicles form upon old scars, and erysipelas will often spread from an inflamed cicatrix. But the eyes themselves give us much trouble. Pustular inflammation of the conjunctiva, of the cornea, of the lids, may be present and

the mucous membranes become red, thickened and hypertrophied, causing the eyelids to roll out with chronic redness and increase in the size of the blood vessels of the eyes. The cornea becomes ulcerated; first little pustules form, and when these break an ulcer forms, and the ulcer if not checked by appropriate treatment may destroy the sight. With this marked catarrhal condition of one or both eyes there will be at times eruptions all about the eyes and fissures in the canthi; the lids are thickened and indurated, and there is copious lachrymation. The nasal duct is closed up by a catarrhal inflammation and the tears flow over the cheeks, acrid and smarting. The eyes fill with a purulent looking mucus, and it is also viscid; it is sticky, and the eyelids are glued together in the morning.

The Graph. patient has a tendency to hemorrhages of thin, pale blood. Hemorrhages from the nose, ear, uterus, from ulcers and from eruptions are common. Upon the slightest provocation the catarrhal condition of the nose starts up the bleeding. The mucous surfaces of the nose bleed easily, a little now and then, and she is always blowing blood out of the nose. This takes place at times when the menstrual flow ought to appear, and sometimes there is spitting of blood from the throat or from the bronchial tubes when the menstrual flow should appear. In others there is bleeding of the hemorrhoidal tumors at that time, so that it appears like a vicarious hemorrhage. Varicose veins develop on the leg and then ulcerate and become bleeding ulcers. It has spreading ulcers that ooze a great deal of glutinous fluid. The purulent discharge from these ulcers is sometimes intermingled with thin, bloody, watery discharge that ulcerates the parts round about. When a leucorrhœa takes place it is copious and glutinous, and as it flows down the thighs it ulcerates the parts. Discharges from the ears have also this character. The glutinous discharges from the ear are sometimes offensive, like herring pickle, sometimes horribly foetid. These horribly offensive discharges come also from any part of the body.

Graph. has great bodily and mental weakness, forgetfulness and sadness. So low-spirited he imagines something is going to happen, that the future will go wrong. Weakness of the heart, with tendency to dropsy of the extrem-

ities, but especially in the feet and ankles and over the tibia. Hydrocele in little boys has often been cured by Graph., as it has dropsy of the sacs. It has cured dropsy coming after scarlet fever.

The nails become black; blackness takes place under the quick of the nail and the nail thickens, becomes crippled, breaks easily, becomes useless and falls off. Shedding of the nails, and before they fall off they become blackish. They grow darker and darker, until finally they become black and become loose and hang only around the corners; they are all loosened up toward the end and finally they are torn out by accident. When they get loose they are very painful. I have seen Graph. grow healthy nails when the finger nails and toe nails had become black and were falling off one by one. Graph. has a tendency to harden the nails and make them break easily, and sometimes causes them to become very thick. This, clinically applied, has been illustrated in the cure of the hardened hoof in the horse. When the horse's hoof becomes so hard that it cracks, and the horse becomes subject to quarter cracks and requires unusual care in shoeing, Graph. has sometimes cured and enabled the horse to grow out hoofs strong enough to stand shoeing. This shows the action of Graph. In the same way it hardens up the nails, and when we find patients with the nails hard and thick and breaking easily we may think of Graph., as it is the leading remedy for hardened nails.

The hair also grows harsh, falls out, or breaks off easily. It breaks off when combing, and hence it is a very great disfigurement in the woman, who is only able to raise short hair. The hair will not arrive at any great length before it breaks off from the pressure of combing.

There are some disturbances of sensation in keeping with these symptoms. At time numbness of the extremities, or coldness in parts, or burning in parts. There is constant burning in the top of the head, in the scalp, of the size of a dollar. It burns almost as if a coal of fire were there. Burning of the feet, and also great coldness of the feet and of the knees. A sensation of coldness in the vagina.

Between the limbs or wherever parts rub together and wherever

secretions are formed there is chafing. Hence in infants, between the nates and between the thighs, there is rawness with oozing of this glutinous fluid even when there is no eruption. An oozing in the axilla causes rawness of the parts. Women are troubled with rawness about the genitals by the menstrual flow, or by the leucorrhœa, and in men there is rawness between the scrotum and thigh. The scrotum is red, raw and easily irritated, and the thigh is red and there is a continued oozing of gluey fluid which is often very offensive.

In this low state of nutrition, and poor blood-making, the repairs of the economy are badly performed, and hence cicatrices are of a low grade and contract and indurate. Old scars cause much trouble in this remedy. They have a tendency to cause induration and knots. Think of Graph. when you come across women who have had abscesses in the breast several years before, and now the flow of milk is beginning for the new born child, and there is a threatened abscess on the site of an old one, or there is an inflammation in the breast, at the site of an old cicatrix, with a nodular induration, sensitive and painful, while the rest of the breast is soft and normal. The cicatricial tissue was not good, it was of a low grade and it has steadily grown more indurated, and now these indurations are forming little strictures, as it were, and blocking up the flow of milk. Graph. will very often stop this induration, removing the hardness from the old cicatrix and making the patient comfortable. If you know a woman is suffering from an old scar that has formed a lump, when she is about to go into confinement anticipate the trouble and give a dose of Graphites as a general remedy, unless some other special remedy is called for. Or if a patient, who fears a cancer, consults you about a hard lump that has formed in a scar, or in the site of an old abscess, you will very often find Graph. suitable, because it is especially capable of causing and clearing up just this kind of trouble. Graph. makes wens grow and it has many times cured wens upon the scalp. It also cures horny growths and warts under the corners of the finger nail, with stinging pain on pressure.

Many of the complaints of Graph. are accompanied by a chilliness in the body, a sensitiveness to cold, and especially is this so

when the skin eruptions are out and the nails and hands and feet are most affected. Notwithstanding there is a chilliness in the body, the eruptions themselves are aggravated from heat; they are worse from the warmth of the bed; they flow more, they itch more, they burn more. When the brain and the spinal cord are particularly affected then the patient is a hot-blooded patient, always, as it were, roasting. If you have a Graph. spinal cord case you need not be surprised if the patient will sleep in the wind with the windows open, unable to get to sleep in any other way. So we see that there are conditions in which the patient is cold and conditions in which he is warm. In Graph. conditions of the spinal cord the spine is sensitive to pressure all the way down, and at times the face is much flushed instead of being pale.

As we might suppose from the low state of nutrition the gastric symptoms are very numerous, but they are a common lot of symptoms with few things that are peculiar. The great gnawing sensation felt in the stomach is common to a great many remedies, but there is one feature of the gnawing that is possessed by only a few remedies, and that is the relief by eating. The gnawing pain comes on when the stomach is empty and the pain forces the patient to go and eat, like *Lachesis*. The other symptoms are flatulence and griping; in general words, binding and constricting pains, gastralgia with the various pains and aches and symptoms usually called indigestion, but with nothing especially striking about them.

The stool is large, hard and knotty, in large agglomerated masses, intermingled with tough, slimy mucus; mucus that looks like partially coagulated white of egg. Sometimes great quantities of mucus come with a hard stool, as much as a cupful of thick, tough, stinking, semi-white, albuminous, viscid mucus. Obstinate and very troublesome constipation. In common with a great many other remedies, Graph. has a large number of hemorrhoidal symptoms. These hemorrhoids are hard, knotty lumps which bleed, with burning and a good deal of smarting. On these symptoms alone Graphites could not be selected. The whole case must be taken into consideration. The eruptions itch, and there is much itching of the anus. Eczema of the

anus, between the nates and the scrotum; of the genitalia in both male and female.

There is an absolute loss of all sensation during coition. The ability to copulate is sometimes present and the sexual desire is sometimes increased, and yet during the act there is no enjoyment, no satisfaction. Again there is too rapid ejaculation of semen or, on the other hand, it is too late; the act is prolonged. "No ejaculation follows coition in spite of every exertion." Graph. has been used in old cases of gleet, with a few little drops of viscid, whitish discharge.

In the female Graph. has cured cauliflower excrescences, warty growths, little glandular formations and little cystic tumors, both internal and external. The menstrual flow is very late, very scanty and very pale, or fades out altogether, and a copious leucorrhœa takes its place every month. That is the typical Graph. state. When you have that state with the spinal group of symptoms you will be likely to misunderstand it for *Puls.* and give *Puls.* first, and after a prolonged study you may go to Graph., for you will see when you come to study *Pulsatilla* that there is not the same depth of action. It does not produce the changes in the nails and hair, and the vicious, low forms of eruptions or the dreadful states of malnutrition that we find in Graph. It is like the comparison of softness and hardness, like the comparison of a vegetable growth to a product of the mineral kingdom. Such is the comparison between these two remedies. The harder changes occur in Graph. and the softer, milder ones in *Puls.* Graph. has many forms of dysmenorrhœa, of uterine trouble, with its own kind of leucorrhœa.

You must now read this long array of symptoms in association with what I have said, because it is a very long, useful and valuable remedy.

BACK NUMBERS. Fifty-one lectures on Materia Medica and twenty-seven lectures on Homœopathics have now appeared in the JOURNAL. These will form quite a text book for students and recent graduates. Back numbers from Vol. I., No. 1, can be supplied. New subscribers taking the back numbers will get the reduced rate of \$5.00 for the three years.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.*

LECTURE XXVII.

Par. 103, etc.

You should endeavor to have a good knowledge of both the acute and chronic miasms. First of all the image of psora should be studied from all the symptoms that we can gather, and especially from the symptoms that Hahnemann has given in the *Chronic Diseases*. Next we have to make out a similar anamnesis of syphilis, which can be done from books, from clinics, from observation, and all other possible sources, and then an anamnesis has to be made of sycosis. These are things most general, and will bring before the mind, in one, two or three images, one grand picture of all the chronic diseases of the human race. Take Psora first, for that is the very foundation of human sickness. It would appear that the human race is one enormous leper. Now, add to that the state of syphilis and we have made a bad matter worse; then add to that the state of sycosis and we will see the extent of human sickness. We then have to advance and carefully study each one of the acute miasms from the books, from observation, and from every source of information, carefully arranging it on paper so that it can appear before the mind as an image. Small pox has few features and it can be made to appear as an image before the mind, and so with all the acute miasms, the infectious diseases, cholera, yellow fever, etc., the diseases that have heretofore appeared in epidemic or endemic form. These have all to appear before the mind as images. It may be said of them that they are all true diseases seen by the examina-

*Stenographically reported by Dr. S. Mary Ives.

tion of the totality of the symptoms. No physician can know too much about the image of a given sickness, studied from the symptomatology. The older books present to the mind of the physician the very best images of disease, because they describe disease by symptomatology, and this is the best information that can be obtained. Now-a-days patients are not permitted to tell their story in the language of nature. The physician says, "I do not want to hear that." Talk on the part of the patient interferes with his prescription writing. There is no writing down of the case. Now take for instance one of the clinics here; how would you remember from day to day, and from week to week, what had been given to each patient? There is no importance attached to that in the old school. It is simply their object to give the patient a big dose of medicine. It may not have occurred to you that there are several reasons of importance for keeping records, and of constantly referring to them; even the regular clinicians here may not have seen the full importance of it. But suppose a patient that I have been considering for three years is partially cured, and she has done remarkably well, has been restored from an invalid to a good wife and mother, but is not yet cured. Now for some reason she goes into the hands of another homœopath. What can he do without ascertaining what I have done for her? It is important for the patient when living in the same town to be faithful and true to the physician who has done her the most good. A conscientious physician will not feel like taking another doctor's practice in that way. I am not so conceited that I should feel like taking up the work of another doctor, who is able to do good work. Men who think more of getting money than anything else will jump in and prescribe for your patients.

"The physician ought ever after to have this image before the eyes to serve as a basis to the treatment, especially where the disease is chronic." Without records, you are at sea without compass or rudder. With a record, Hahnemann says, "He can then study it in all its parts, and draw from it the characteristic marks," that is, you have the nature of the disease continuously in mind. When the image of the disease has passed from mind its very nature is gone. Now there is a point that comes in here

that you must know about. After your first prescription has been made, you may have an aggravation. It is well to know the date of this, and about how long it lasted, and to keep watch of it. If no change has occurred the same image may continue to appear before the mind, but if changes have occurred, and are continuously appearing in the symptoms, you will readily see that no medicine can be administered. The symptoms that come and go could not guide anybody as to what to do. Now a commotion has taken place, you cannot prescribe while this commotion is going on, the symptoms are changing place, they are coming and going for it may be one to three weeks after that prescription. You have to watch and wait. Notice when the symptoms begin to roll into order; then another dose of medicine is needed. These things take place only after the administration of a remedy that was pretty high, high enough to take hold, and the case falls into order only when the patient needs another dose.

Suppose a patient has been sick three to four years with a train of symptoms and on the way to visit you from a long distance; the patient is taken worse, and a homœopathic physician is called in. The patient gets a dose of medicine and improves wonderfully, now what are you going to do? You do not know what it was and you write to the physician, but he has forgotten what it was. What a confusing state that is, is it not? Well, that is just the state you would be in without your records.

There is, I have been led to feel, too great carelessness often among our best men in transferring cases from one town to another, from one physician to another. A habit that has existed between another Hahnemannian and myself has been pleasing to us both. That when one of his patients has been transferred from his care to my care he has told me what remedy the patient was on, and I in the same way when sending patients to him have mentioned the remedy the patient was on. It is the duty of the physician to furnish such information when a patient leaves the city to go under the care of another physician. It is the duty of the physician to transfer such a patient to good hands, if there are any good hands to transfer him to.

This subject is preliminary to the observation of Par. 105, which leads to the second step of practical Homœopathy.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

NEGLECTED PNEUMONIA.

BY W. A. YINGLING, M. D., Emporia, Kansas.

1899. Mrs. G. F., Æt. 44.
March 24. Has been quite sick for a couple weeks, but thought it was only a bad cold.
Difficult breathing, can scarcely get her breath; breathing very shallow and frequent.
Great desire for, and must have cool, open air, must have doors and windows open to breathe; very much worse and oppressed in a warm or close room.
Very bad cough; she seems full of frothy, ropy mucus in left lung; suppresses the cough because the left lung is so very painful.
Left lung seems almost useless.
She is very thin, poor, and exceedingly weak.
Hard for her to talk at all.
Can not lie on either side, worse left side.
The sleepy, drowsy condition is worse when she is warm and feverish.
Nausea and vomiting during the past few days, now the stomach is very weak.
Milk disagrees; she is averse to all food.
Tongue red, dry and cracked; yesterday there was a brown streak down the center.

For some weeks past she has had a very severe morning diarrhœa, coming as soon as she gets up in the morning; rumbling in the bowels; loose, watery stools, very foul odor; stools infrequent during the day. There has been no stool for thirty-six hours.

She is in a very critical condition and needs the most careful prescribing, hence await developments.

S. L.

March 25. 12:30 A. M.

About midnight *great dyspnœa, almost impossible to breathe at all*; must have all the windows and doors open, and be fanned all the time.

Suppresses her cough from weakness, has not strength to cough.

Very weak, sinking away rapidly; seems as though her end is near.

Lies very quiet.

Great alarm in the countenance.

Dark yellow skin.

Mouth wide open.

Skin of face drawn taut, especially about prominence of eyes, mouth and nose.

Stomach sensitive to food; vomits food an hour or so after eating (?).

Sulph. mm. (T.), one dose.

P. M. Has rested quite well during the day.

Feels better, she says, during the afternoon and is able to speak a few words.

Very low and must have fresh air all the time, with doors and windows open.

Toward evening not so well as during the afternoon.

Sulph. gm. (F.), one dose.

March 26. Slept quite a good deal during the night.

Cough beginning to loosen, and she expectorates some yellow, thick, tough matter.

Feels very weak; more conscious of her weakness.
Fever more marked.

S. L.

P. M. A sinking spell at 3 P. M.; unable to breathe and must have fresh air and be fanned.
Coughing; loose cough, seems like a great quantity ready to come up, but she does not expectorate a great deal.

Sulph. mm. (T.), one dose.

March 27. Passed a good night, and rested real well for one in her severe condition.

Feels much better this morning.

Less fever.

Cough less difficult, and is looser.

Must have all the doors and windows open, though it is quite cold, a glass of water freezing solid during the night in the room, and the nurses must be wrapped up as when out of doors, yet she does not suffer from the cold.

S. L.

P. M. Has been able to close the door and have room warm part of the day only.

More expectoration, which is whitish, with some yellow pieces, very sticky.

Skin very yellow, dark.

Apparently less fever.

Soreness of muscles over body, limbs and back.

S. L.

March 28. 4 A. M.

She is again very low, great dyspnœa, no cough, excessively weak, delirium.

Very sore all over, cannot bear to be touched or moved in the least, very painful, worse least motion.

Black sordes on the teeth.

Mouth and tongue very dry.

Seems to be sinking away without hope of help; the friends have bid her good-bye, and she expects to die, yet is not restless, but expectant.

Baptisia 9m. (F.), two doses, half-hour apart.

8 A. M. Much better.

Resting easy.

No soreness.

Expectoration becoming free.

S. L.

5 P. M. Seems better generally.

Can now lie on her side for a short time, but gets short of breath when lying on the left side.

Can have doors and windows closed most of the time.

No pain.

Not so much cough; expectoration more yellow.

Looks better, and says she *feels* better.

S. L.

March 29. Good night; seems to be improving generally.

Bowels moved to-day, dark and thin.

S. L.

March 30. Good night.

Very slight dyspnoea this morning for a few moments.

No pain. No complaint.

S. L.

March 31. Doing well.

Some more cough and expectoration.

No pain.

Urine thick and milky, but more of it.

Takes more nourishment.

S. L.

April 1. Better. No complaint.

Two thin, *foul* stools.

More expectoration and easier.

S. L.

April 3. Improving.

S. L.

April 5. Convalescent, yet somewhat weak.

Sits up.

Discharged.

Note.—This was a very interesting case, and the most critical, save one, of any case of pneumonia I have seen. On the 28th

of March I did not see how she could possibly live, but I was simple enough to tie to the Homœopathy of Hahnemann and depend on the higher potencies to save the woman if there was any chance at all. At our State Society some one said it took *nerve* to wait the action of the remedy, that he must be *doing something*, but this is wrong; it is not nerve, but knowledge, that is required. If we know the action of our remedies we can wait with confidence.

The only possible way to cure such a case is to select the remedy on the symptoms manifest, to prescribe for the patient, and not for the name of the disease. Such critical conditions must be known and carried in the mind; no time is allowed to return to the office in such a crisis as occurred twice during the progress of this case. I thought of *Sulphur* the first time I saw the patient; but the condition was too uncertain, so I waited, with instructions to report promptly any change. That night *Sulphur* was selected at once, and the millionth potency was given because the *promptest action* must be had. The more critical the case, the greater need of speedy action of the remedy, the higher the potency should be usually.

At the second crisis *Baptisia* was selected because the patient "looked" *Baptisia*, the picture I had in mind, the soreness to touch or motion, the dusky yellow skin, the low condition and the *delirium*.

Baptisia is not given in the books as a usual remedy in pneumonia. Raue mentions it as having been given in a case where the patient felt that *the cough was scattered about* and she wanted to get it together, but this condition was not in my patient. I prescribed for the patient and not for the pneumonia, and the result was the most brilliant; no more medicine was needed and a steady, uninterrupted improvement finally ended the case.

The only nourishment used was Bovinine, which has given excellent results. It was used only as a food.

So intimately connected and mutually dependent are the Hahnemannian doctrines of *dose*, *remedy* and *indication* that it is impossible to succeed with Hahnemann's *doses*, unless we study our *remedy* and fix upon our *indication* in the way which he employed.—*Dunham*.

SOME ARSENICUM APPLICATIONS.

MAYBELLE M. PARK, M. D., H. M.

1898. H. S., aged 13 years. Tall, slender, haggard look.
- Aug. 3. Sick for 12-13 days from eating green apples, etc.
pain began suddenly in abdomen; constant, < in
paroxysm.
abdomen distended, very hard, dull sound.
oozing from rectum, watery, thin, some gelatinous,
no odor, no fecal matter; has not been able to pass
anything voluntarily for a week in spite of injec-
tions, cathartics and purgatives.
rumbling in abdomen.
Tossing constantly, can't lie down, > somewhat sit-
ting up, then feels sleepy and wants to go back to bed.
No sleep for many nights.
Moaning, fretful cry all the time if tries to lie down.
Thirst great, takes only a sip.
Wants to be covered, although day is very warm.
Pulse, 110.
Vomits great quantities of stuff, egg, curdled milk, etc.
- 6 P. M. Nausea, feels that if he could vomit would >.
> eructation.
- Ars. alb.* 103 m.
- 8 P. M. Some easier, pain comes now only in paroxysms, sleeps
between.
Small, yellow thin stool passed.
- Aug. 4. Large stool at 5 A. M. which greatly >. Slept a num-
ber of hours after.
while being bathed at noon passed an enormous
stool; over a quart, yellow, lumpy, medium con-
sistency, awful odor, after it abdomen soft, no sore-
ness or tympanites.
- Aug. 5. Stool again yesterday at 5 and 11 P. M.; no pain or
soreness.
Slept well, hungry.

This case had been under old school treatment for 14 days; growing constantly worse until they thought the lad would die anyway, so sent him to the poor house to let the county physician have the responsibility of the death certificate, but it served to convince many that there was "something in Homœopathy."

1898. J. D., age 25 years. Typhoid fever.

May 22. Hollering in his sleep, < midnight.

< night.

Very thirsty.

Temp. 101.2, pulse 98.

Sweat profuse.

Drowsy, moaning when awake. Says he knows he will die.

No stool.

Restless.

Ars. 103 m.

May 23. Stool at 2, 4, 6 A. M., watery, small, yellowish.

Urinated twice.

Pulse 102.

Not perspiring, skin feels very hot.

Feels smothered.

Hasn't drank as much water, craves milk.

Rational.

Tongue dirty yellow, trembling, a little more moist.

Feels sore all over.

May 24, morning. Delirious again.

Ars. 103 m.

May 25. Restless.

Stool 1:30 A. M.; has slept since then, very delirious until then; thin, yellow, small, very oft.

May 26, evening. Stool 7 P. M. and 3 A. M., thin, light yellow, watery, scanty.

Ars. 103 m. Temp. 102 under arm.

More restless.

May 27. Three stools during night, looked like scrambled eggs, thin.

Coughing, choking.

Very restless all night.

- Temp. 104 under arm.
- May 28. Lies quiet, was so all night.
Lips and teeth covered with sordes.
Pulse slower, flowing, intermits twice in a minute.
Twitching of tendons.
Temp, 103 under arm.
Not so much choking.
Three stools, $\frac{1}{2}$ pint, dark green, (took some dark liquid medicine yesterday.)
- May 29. Stool every 2 hours like curdled milk; more oft.
Temp. 101.
Very restless.
- May 30, morning. Rational, knows he will die, nothing can save him.
Pain in abdomen.
Stools scanty.
- Ars.* 103 m. Very thirsty, wants whisky.
- May 31. Temp 102 $\frac{1}{4}$ last night, 102 this morning, pulse 88.
Rational, very quiet all night.
Eight stools during night, griping pain before and during.
many curds of milk passed.
Pain in back.
Great thirst after midnight.
- June 1. Three stools of blood last night, none since 1:30, about a quart all together.
Temp. 102 $\frac{1}{4}$, pulse 100.
One stool this afternoon about $\frac{1}{2}$ pint.
- June 2, evening. Considerable pain in bowels and head.
Very thirsty for a little, often.
Coughing much.
- Ars.* 103 m. Pulse 100, temp. 102.
- June 3. Three stools last night, small formed pieces.
Pulse 80, temp. 100.
From this time he progressed and gained strength rapidly.
- June 15. A very warm day, sweat a good deal, took off heavy woollen shirt and slept with only a sheet over him.
Temp. 105.5, pulse 120.

Ars. c. m. Delirious, sent for the priest for he was certain he would die.

June 17. Temp. normal.

Very weak.

July 31. Working some but flighty at night, walks in sleep.

Imagines people are here who raised him.

Sweats at night.

Syphilis a year ago—bubo.

No further trouble.

Merc. s. 50 m. Thirsty.

1897. T. D., age 77 years.

Dec. 28. Tall, slender, wiry, sallow, wrinkled face.

Walked up and down the office and wanted the doctor to hurry.

Eczema on neck and where wind strikes face, only in winter.

> when in South or Europe.

< night.

red, dry, scaly.

itches, keeps him awake all the time, burns if scratched.

< heat of stove, > cool air.

has tried many noted physicians and European baths, without >, comes on every fall.

Skin of hands dry.

Very thirsty.

Ars. 90 m. Appetite not great.

Dec. 31. Itching > and eczema healing.

1899. No return since.

This takes Arsenicum from the short, sudden, acute attacks to the deep, long-lasting psoric troubles, and from the young lad to the old man. Many and wonderful are its powers of working good when rightly applied.

PERFECTION, LIQUID FOOD is the first and only prepared article of diet that Hahnemannians have advocated; and it is furnished by "one of them."

FISTULA IN ANO.

W. W. GLEASON, M. D., Provincetown, Mass.

Mrs. H. Fistulous opening one inch to left of anus. Aching in lumbar region. Throbbing, pulsating in sacral region. Parts swollen, hot, painful, the pains like stabs of hot needles. Discharge from fistula bloody pus. Constipation. Stools hard, scanty, white, crumbling. Fistula opens from an ulcerous pocket in rectum, situated on posterior wall of the passage, two inches from anus. One dose of Silicea 1m. cured in ten days.

DIURNAL ENURESIS—SULPHUR.

KENNETH R. PARMENTER, M. D., South Framingham, Mass.

1898.

Girl, æt. 10.

Dec. 29. Has had diurnal enuresis since a baby. She is tall, angular, and ungainly; small head, large mouth, short upper lip, and her arms and legs seem too long for the body. She is constantly taking awkward positions and is always moving. Her hair is unkempt and she has a general untidy look. Feels worse in winter.

Very fond of music. Cries easily and often; digs the nose; drules at night and has much itching of the anus. Craves sweats.

Urging to urinate comes on suddenly, and cannot hold the water.

< from excitement.

< when in school or among people.

< when first wakes in the morning.

Dec. 29. Sulphur 200, two powders.

1899.

Jan. 10. Sulphur 200, one powder.

No new symptoms.

- Feb. 1. Gaining flesh. Has had no trouble with water in last two weeks.
May 28. Has had measles.
No return of urinary trouble.
Aug. 1. Remains well.
-

CLINICAL CASE.

W. B. BOGGESS, M. D., Philadelphia, Pa.

1899. H. M., aet. 28.
June 20. "Prickly heat < under arms."
comes every summer.
itching very severe.
Boils under right arm.
comes every once in awhile.
Chilly natured.
malarial fever eight years ago and has never recovered.
is nearly always too cold.
Eruption on back.
small papules all over back and shoulders.
< in spring and fall
Family history of skin eruptions of all kinds, "scrofulous."
> in fresh. open air.
Sensitive to draughts.
affects his back and back of his neck.
Bowels: all right.
stool every day.
Appetite good.
best meal at noon.
Thirst: always is thirsty.
Specific history.
three years.
Hepar 55 m., 1 dose.
June 26. Not very well.
Boil under arm getting soft.
very painful.

- keeps him awake at nights.
right arm stiff to wrist.
- S. L.* growing larger.
- July 5. Abscess broke and discharged a pint of pus.
healed up two days afterwards.
Head: dulness in head and nervous (*O. S.*).
- S. L.* *Drops things when he is in a hurry.*
- July 11. Been sleepless for last week.
- S. L.* < night.
- July 18. Still improving.
Sleep >.
- S. L.* Bowels >.
- Aug. 15. Very drowsy and sleepy.
can hardly keep awake.
no ambition.
awfully lazy.
Ice water causes eruption to come on face.
frost causes same thing.
- Silicea* 6 m.
- Aug. 19. Feeling fine.
- S. L.* a few little boils came out on face.
- Aug. 26. Feeling fine.
- S. L.*
- Sept. 2. Feeling fine.
- S. L.*
- Has gained thirteen pounds and cannot wear his old clothes any more, too tight.

ARSENIC AS A PREVENTIVE OF YELLOW FEVER.

(From *Engineering News*, August 17, 1899.)

SIR: The following clipping from the *Brazil-Medico*, of Rio Janeiro, will be of great interest and benefit to American engineers about to sail for ports infected with yellow fever:

ARSENIOUS ACID AS A PREVENTIVE OF YELLOW FEVER.

"Dr. J. P. de Rego Cesar noticed that non-acclimated persons in Brazil, who had occasion to take arsenic for any reason, were

not molested by yellow fever, and he commenced to administer it as a preventive, with most satisfactory results, confirmed by the experience of other local practitioners. Dr. Rocha reports, in this article, the results of daily prophylactic doses of half a milligram of arsenious acid administered during the summer season to the entire force of a certain factory, over 200 men, for the last five years. The men are frequently changing, are mostly unacclimated, live in unhygienic surroundings, and infected localities, and take no precautions against contracting the disease. During the terrible epidemic of 1894, three of them were attacked, but soon recovered; exceptionally light cases among the prevailing mortality. In the epidemic of 1896, twenty men contracted the fever a few days after their admission to the factory, each having received only a few doses of the arsenic. But the effects were evident in the benignity of the cases, all dismissed from the hospital in from four to six days, while a couple of extra hands only rarely employed, and thus not receiving the arsenic regularly, succumbed to the disease. There have been no cases in the factory since 1896, although yellow fever has scourged the city again and again, and formerly ravaged the factory. Another group of 150 men to whom the prophylactic doses were regularly administered have also escaped without a single case. Persons just arrived are advised to repeat the dose three times a day the first week, twice a day the second, and thereafter once a day. No one thus treated has contracted the disease to date. Civil Engineer."

My brother, P. H. Ashmead, on his way to Ecuador with the construction force of the Guayaquil & Quito R. R., will pass through two infected ports, Panama and Guayaquil. I have furnished him with 100 $\frac{1}{2}$ -milligram (1-128-grain) pills of arsenious acid, and advised him to take one pill three times a day, for three days, before reaching an infected port, and for five days (the period of incubation of yellow fever) after leaving such port. (Precaution: Should the eyelids become much puffed or the stomach deranged, after the use of arsenic for a week or two, of course its use must be stopped, until these symptoms disappear.)

Respectfully,

ALBERT S. ASHMEAD, M. D.

65 W. 12th St., New York, Aug. 6, 1899.

A CASE OF INFLAMMATORY RHEUMATISM.

LYDIA W. STOKES, M. D., H. M., Philadelphia, Pa.

1899.

Feb. 18. H. T., a colored girl, 17 years of age, brought to the hospital in a police patrol wagon last evening.
Rheumatism all over body.

< on left side.

knees hot and very painful, cannot bear least touch.

left arm pains severely and is sensitive to touch.

chest, sharp pain, < from each breath.

Respirations 48, labored and shallow, moaning at times.

Nostrils fanning violently.

Pulse 100.

Temperature 103°.

Nose bleeds profusely.

Tongue heavily coated, yellowish white.

Patient lies absolutely still, is afraid to move or let anyone touch her.

Expression is distressed and suffering evidently extreme.

Has had attacks of rheumatism every winter for ten years.

Has been ill this time for nearly three weeks.

Bry. 103 m.

Feb. 19. Slightly improved, especially chest symptoms.

Left neck very sore, cannot move head, hurts much to swallow.

Sleeps little.

Thirsty for cold milk and cold water.

Urine scant.

Bowels move naturally.

Prostration marked.

Temperature varies from 104° to 102°.

Feb. 20. A little better in every way.

Lies on left side most of the time.

- Feb. 21. Neck and chest better, no pain, only sore.
Breathes easily.
Hands feel stiff.
Stools offensive, grayish color.
- Feb. 22. About the same.
Bry. 103 m. Temperature still irregular.
- Feb. 23. Rather better.
Left side less pain, can move arm herself.
Knees not nearly so sensitive to touch.
Right arm most affected, pain < on touch or motion,
lies on it.
Temperature 100° in A. M.
Temperature 103° in P. M.
Pulse 98.
Respirations 34, but quiet.
- Feb. 24. Slightly improved.
- Feb. 25. Stools very offensive, yellow.
Epistaxis slight.
Odor of body unpleasant.
No perspiration yet.
Tongue still covered with dirty coating.
Temperature variable.
Patient seems very ill yet, although her suffering is
much less.
- Sulph.* 1 m.
- Feb. 28. Sleeps much > than before.
Perspires at times.
Urine more profuse.
Stools normal.
Temperature, pulse and respiration coming down.
Patient is better in general, has no pain except in *hands*
and *feet*.
- March 4. Temperature normal.
• Feels very well.
- March 13. Has been up and about the wards for over a week,
no symptoms.
discharged from hospital.

This case illustrates one of the directions of cure, "from above down," the rheumatism literally going out of the patient's fingers and toes.

BAPTISM DISEASE.

From the remarks of a writer in *La Progrès Médical* of recent date, it would seem that in France they suffer more than elsewhere from that unfortunate tendency to obscure medical terminology by appending personal names to newly-discovered diseases and newly-invented instruments. The writer alluded to treats this tendency as a positive malady, and designates it "baptism disease." The symptoms of this disease, he maintains, are generally cerebral ones, and the patient—usually a physician—is seized with an irresistible impulse to discover some disease and baptize it with his own name. The causes of the disease are not numerous, but very active. The subject experiences an immoderate desire to diffuse his name throughout the scientific world. In doing this, financial considerations are not the primary incentives, though, of course, it is natural that an individual attacked by Spitzbube disease would like to consult Spitzbube himself, so the name-giver obtains some of the benefits. The differential diagnosis of the disease is extremely difficult, as discrimination must be made between those who consciously give their names to instruments and diseases and those to whose discoveries the medical profession have affixed the names of their protégés. Paquelin's cautery and Potain's aspirator and the needle of somebody else might be taken as illustrating this difficulty of differential diagnosis.

Among the conscientious savants who escaped this malady must be mentioned the immortal Pasteur, who, seeing that no particular use would come from calling microbes by his own name, and distrusting his own knowledge of Greek, asked Littré to suggest one. The great lexicographer suggested the term "microbe," which he considered euphonious, and to which he subsequently accorded philologic recognition. Microbes, however, did not entirely elude the vagaries of baptism. The strep-

tococcus and the gonococcus won their place in literature honored to show its disputed parentage by calling itself Eberth's bacillus and Nicolaire's bacillus. It must be said for them, however, that they do not abuse these titles to nobility. The odorous bacillus of ozæna has distinguished itself by the title bacillus of Lewenberg, though Nasenberg would have been more characteristic and felicitous. Exophthalmic goitre is a disease of very aggravated paternity. Some call it by the name of Basedow and others by the name of Graves. Observing the propensity of goitre to collect proper names around it, one will not be surprised to learn that the operation of exothyropexy should really be called the operation of Gangolphe-Jaboulay-Poncet.

The manner in which these names come to be applied is very various. For instance, Professor Jolinon, at the end of a brilliant clinical lecture, designates one particular sign whereby he is able to differentiate infantile pneumonia from senile gangrene, and his admiring students immediately dub this "Jolinon's sign." This habit has prevailed to such an extent that medical nomenclature is now encumbered with such terms as the signs of Rosenbach, Koplik, Kernig, Olivier, Philippowicz, Stellway, and Babinski. We are stupefied by hearing of the symptoms of Millard-Gubler, Weber and Wichmann, and we are paralyzed by learning of such diseases as those of Charchewski, Barlow, Stoker-Cadam, and Rougnon-Heberden. Not one of these fervid name-givers has so far bestowed his name upon syphilis. Diday maintained that Job was syphilitic, but the term "Job's disease" has not prevailed. During the famous outbreak of syphilis in the fifteenth century everybody endeavored to connect the disease with his next-door neighbor. It was called the Spanish disease, the French disease, and the Neapolitan disease. Some wished to connect it with the new world and call it the American disease, but Amerigo Vespucci protested. "If you wish," he said, "to give my name to something I have not discovered, give it to the West Indies." So America was called by his name, first, doubtless, by some one suffering from baptism disease.

In conclusion, the writer asks pity for those who invent for-ceps and bistouries and those who cultivate microbes. He asks

pity for the students who cannot comprehend the significance of these various terms, for the practitioner who cannot return to school to learn them, and for the patient who does not want "apocalyptic neologisms," but active treatment. He urges a return to a simple and exact scientific terminology, and asks that in naming new discoveries there shall be displayed more modesty and less personal vanity.—(*Medical Age*, August, quoted in *Homœopathic Recorder*.)

THE BASIS OF TREATMENT.

By the late CARROLL DUNHAM, M. D.

Hahnemann, throughout his works, takes every opportunity to urge the insufficiency of a pathological theory of the nature of a disease as the basis of the treatment. He everywhere urges that the only sure indication for every case is to be found in the totality of the symptoms which the case presents. One would think that nothing could be more clear and convincing than his arguments on this subject.

His opponents declared that his method ignored medical science, left no scope for pathology and diagnosis and reduced therapeutics to a degrading mechanical comparison of symptoms. Very many homœopaths have so far deviated from Hahnemann's method as to endeavor to blend, with the use of his doses and remedies, an application of pathology as a basis of treatment. This endeavor can never be successful, inasmuch as the function of pathology is to furnish, not an indication for medical treatment, but simply a means of elucidating and collating the symptoms. The result has been a sad falling off from the standard of success in practice which was established by Hahnemann and his pupils. Is it not obvious to every candid mind that success in the treatment based upon a pathological consideration of the case must depend on the correctness of the pathological hypothesis—a matter in which certainty can never be attained? On the other hand, if we say to ourselves "Here is a sick child; let us examine and record those points in which he differs from a

healthy child," we get a series of symptoms which are *facts*, indisputable, unmistakable, the result of pure observation. If now, without hypothesis or speculation, we seek to find and do find a remedy which presents a series of symptoms corresponding closely to those of the patient, experience justifies us in believing that we shall have reached the utmost possible certainty of correctly selecting the remedy.

If such a mode of practice as this be, as is charged, *unscientific*—if it ignore the sciences of pathology and diagnosis as bases of treatment—thus much at least may be said in its favor, that it far surpasses every other method in the facilities it affords for the fulfilment of one not unimportant object of the physician—the *cure of the patient*.—(*American Homœopathic Review*, Vol. V.)

G. A. H. MUHLENBEIN.

Dr. Rummel thus writes of him: George Augustus Henry Muhlenbein was Doctor of Medicine, Privy Councillor, Knight of the Order of Henry the Lion, and member of several learned societies. He died on January 8th, 1845, at Schoeningen, in his 81st year. In him Homœopathy loses one of its oldest veterans and one of its most faithful champions.

He was born October 15th, 1764, at Kœnigslutter in Brunswick, where his father was ducal steward. In 1781 he entered the university of Helmstædt, where he especially profited from the lectures of the well-known royal councillor Beireis, and the Counselor of Mines, von Crell, while studying medicine and chemistry. He received his degree November 2d, 1789, and at first took up medical practice in his native town. Then he turned to Nieuburg on the Saale, but remained there only a short time and then settled in Brunswick, where he was appointed as physician for the poor. Soon afterwards he received from the Duke of Brunswick the honorable but dangerous commission of supporting with his counsel and aid the inhabitants of Schoeningen during an epidemic of putrid fever. He came near being a victim of his zeal and philanthropy, for he also was seized by the malignant disease and only after a long confinement his

vigorous constitution triumphed and he recovered. About this time he first made the acquaintance of Hahnemann, who was then living in Königsutter, but difference of views then prevented a closer friendly intimacy with the great reformer.

In consequence of his self-sacrificing, unselfish activity in the treatment of the epidemics occurring in the Prussian districts near the border, especially of a very malignant form of scarlatina, he received from the Royal Prussian Academy of Sciences the great silver medal of merit, and from the Landgrave of Hesse-Homburg the appointment of privy councillor. After the death of Dr. Caspari in Brunswick, in answer to a call, he removed to that town. When the Duchy of Brunswick was restored to its hereditary prince, he was appointed assessor to the Supreme Sanitary College and soon afterward he was appointed by Duke Friedrich Wilhelm as court physician, and when the duke marched into the War of Liberation he entrusted Dr. Muhlenbein with the medical care of the two princes. Even while an allopathic physician he enjoyed general confidence and had an extended practice, so that in the thirty-three years he practiced allopathy he treated 75,300 patients.

In the year 1822 he became acquainted with Homœopathy by reading the *Materia Medica Pura*. From this time dates his conflicts with his colleagues and the medical authorities, and he fared no better than other converts, being persecuted by prejudice, self interest, vengeance and stupidity in every possible manner. He deserves great credit for his services in spreading Homœopathy. His fame as a successful physician was as well established as it was extensive, so that his medical practice extended over the whole of northern Germany, and he was even consulted by patients across the sea.

In 17 years, up to his jubilee year, he treated 27,078 patients homœopathically, of which number he lost one out of 105½. His activity and zeal were indefatigable; he assisted both the poor and the rich with great unselfishness; his lucrative practice and private fortune enabled him to do this to a greater extent than others. His success caused several physicians to pass over to Homœopathy and he aided the new converts with advice and assistance. He will ever stand honored as the great medium of the

establishment and spread of Homœopathy in Northern Germany. In 1836 the Duke distinguished him by granting the golden cross of the Knights of Henry the Lion.

Thus honored and loved, he approached the rare festival of his fifty years jubilee as Doctor of Medicine on November 2nd, 1839. An association of friends and admirers, both physicians and laymen, had been formed to properly celebrate this day, and so they were enabled to hand him an essay written by me, entitled "Review of the History of Homœopathy in the Last Decade," and a medal struck off in his honor, and there remained over of the sum collected the handsome sum of 400 thalers, which was handed to him at his jubilee as the first contribution to a fund desired by Muhlenbein for the encouragement of provings of medicines. The Duke appointed him on this day a Privy Councillor, the medical faculty of the University of Goettingen presented him with a renewed diploma and our good friend Elvert brought him a laurel wreath from his admirers in Hanover.

Even when quite advanced in age he zealously and industriously took upon himself the disagreeable task of proving medicines, and for a long time he wished and endeavored to gather a fund from the interest on which good provings might be rewarded and encouraged. In this he was also successful.

Muhlenbein was of a vigorous build of body, tall and with broad chest; vivacious in his movements, with a gait of manly firmness. He was a fine looking old man, with an open face, steady eye, eloquent mouth; at times he was polished and mild, then again passionate and hard, according as he was affected by matters, but always open and loyal, a friend of truth and of the persecuted

His health was good and he put it to trial in many hardships, living at the same time in a simple and serene manner; only in the latter end of his career he began to be sickly. Finally he withdrew to his asylum in Schoeningen, which he had prepared for himself some time before, and lived more for himself and his studies; still enjoying life, but with his vital force diminished, until finally death relieved him from "those years in which we have no pleasure," as the Bible so well describes old age.—[Extracted from Dr. Bradford's *Pioneers of Homœopathy* (slightly condensed).]

"SHOULD MURDER BE LEGALIZED?"

Judge Simeon E. Baldwin, of Connecticut, is accredited with the utterance in an address before the American Association of Social Science at Saratoga recently that the death of patients suffering from an incurable malady should be hastened instead of being indefinitely postponed by the efforts of the physician. How the learned advocate justifies himself in thus encouraging "legalized murder" is difficult to imagine. Such a suggestion as this naturally calls forth considerable comment in medical circles. Several prominent medical men of this city have been interviewed by press reporters, and according to published accounts they are unanimous in declaring that it is the physician's duty to prolong life by every means in his possession. But Dr. Nickerson, of Meriden, Conn., coincides with our worthy judge. The question naturally presents itself: If the suggestion were followed out, who is to assume the responsibility of determining whether a patient, apparently in a hopeless condition, is destined to die or not? The decision involves more than can be entrusted to the frailty of human judgment. Many cases have been known where the sufferer, to all appearance *in articulo mortis*, has recovered completely. So that even under the most experienced diagnosticians patients would be put to death who might otherwise have lived on, to say nothing of the danger in opening another way for the criminal use of drugs. Yet, examined superficially, the proposition appears to embody an element of humanness in the fact that in many instances it would save prolonged suffering on the part of the patient and relieve the family of much anxiety. This is the only argument that can be advanced in its favor, and even this falls when the homœopath steps forward with his side of the story. To him such measures do not suggest themselves. It is the self-assured regular, who, in his futile attempts to allay the sufferings in the last stages of incurable disease, when morphia has ceased to relieve, would assume even the right to decide between life and death. He is totally ignorant of the marvellous effects of the potentized remedy in

modifying even the death rattle itself. His rival of the newer school has decidedly the advantage. Well does he know that if he prescribes carefully his course is a safe one; for, if there is the slightest chance for recovery, his remedy will cure,—if the end is inevitable, it will at least produce a euthanasia. H. F.

A PRESCRIPTION BY HAHNEMANN.

The following is related by Dr. Carroll Dunham and gives a good insight into how Hahnemann made his prescriptions:

Dr. Veit Meyer, of Leipsic, in 1850, told me an anecdote of Hahnemann, which, so far as I know, has never appeared in print. It was related to him by Dr. Franz Hartmann, then recently deceased, who in his early days had been a pupil of Hahnemann and was present at his consultation with patients.

Hartmann relates that one day a patient came to consult Hahnemann. The malady was condylomata (figwarts). Hahnemann examined them and then questioned the patient for a half-hour, noting symptoms in his record book. He then closed his book, consulted the "Materia Medica" for a few moments, went into the next room, brought out three powders and said: "Take a powder every three days; come again the fourteenth day and pay now four dollars." The man paid and retired. "What then did you give Herr Hofrath?" "What!" replied Hahnemann, "have you listened to the examination and do you not know? You must study the 'Materia Medica!'" So Hartmann said no more, for Hahnemann never told his pupils what remedy he gave, fearing to encourage routine practice. The fourteenth day the patient came again, the warts were but one-third their previous size. Hahnemann gave him two more powders to be taken every fifth day. "Come again the fifteenth day; this time you pay nothing." Hartmann, surprised at the rapid diminution of the warts said again: "But, Herr Hofrath, what did you give?" "Do you not yet know? study the 'Materia Medica.'"

The fifteenth day the man returned; no trace of the warts was to be found. Hartmann could not contain himself. He came to Hahnemann's study at an earlier hour than usual and opened his record book to learn the remedy given. It was Chamomilla 30th; three powders. The two on the second day were Sugar of Milk alone.

More astounded than ever, Hartmann could not contain him-

self, and when Hahnemann came in; "Herr Hofrath," said he, "I have committed a great crime. The desire to know with what remedy you cured the figwarts so burned within me that I opened your book and ascertained it, and now I pray you on what grounds did you give Chamomilla?" "Ah, have you done that?" said Hahnemann; "then take the book and read further, read the 'Symptomem-Cordex' and see if it were possible to give any other remedy than Chamomilla, when such symptoms were present." And so it was. Even Hartmann was satisfied that Chamomilla was the only suitable drug.

And yet the prescription was made without any regard to the chief objective symptom, to the feature, which, from a pathological point of view, was the central, pivotal fact of the case.

A great many most brilliant cures have been made by prescriptions precisely similar to this one of Hahnemann's. Nay, an entire class of cases, and by no means a small one, must be cured in this way if they are cured at all.

H. F.

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DEPARTMENT OF MATERIA MEDICA.

ARSENICUM ALBUM.

Lecture delivered by PROF. J. T. KENT, at the Post-Graduate School.*

LECTURE I.

From the time of Hahnemann to the present day this has been one of the polychrests, one of the most frequently indicated medicines, and one of the most extensively used. In the Old School it is most extensively abused, in the form of Fowler's solution.

Arsenic affects almost every part of man ; it seems to exaggerate or depress almost all his faculties, to excite or disturb all his functions. When all our medicines have been as well proved as Arsenic, we will effect wonderful cures. It is a substance easily proved because of its active nature, and from its very abuse we have learned a great deal of its general nature. While Arsenic impresses the whole economy and disturbs all the functions and tissues of man, there are certain prevailing and striking features that exist in it. *Anxiety, restlessness, prostration, burning and cadaveric odors* are prominent characteristics. The surface of the body is pale, cold, clammy, and sweating, and the aspect is cadaveric. Besides these most general things, we have other minute particulars increasing to a wonderful extent, so that we may talk about this medicine for several days before we finish it.

*Stenographically reported by Dr. S. Mary Ives.

First, the *anxiety* that is found in Ars. is intermingled with fear, with impulses, with suicidal inclinations, with sudden freaks, with mania, with the inclination to perform all sorts of queer antics. It has delusions and various kinds of insanity ; in the more active form, delirium and excitement. *Sadness* prevails to a great extreme. So sad that he is weary of life ; he loathes life, and wants to die, and the Arsenic patient does commit suicide. It is a remedy full of *suicidal tendencies*. The anxiety takes form also in the restlessness, in which he constantly moves ; he is continually on the go. If he is able to get up he goes from chair to chair ; the child goes from nurse to mother and from one person to another. When in bed, unable to sit up, the patient tosses and turns from side to side, rolls and tumbles ; if he is able, he climbs out of bed and sits in the chair, keeps moving from one place to another, and when thoroughly exhausted with the restlessness he gets back into bed again. The restlessness seems to be mostly in the mind ; it is an anxious restlessness, or, as it is sometimes called, an anguish, with the idea that anguish is a deathly anxiety. That is an effort to express it in the extreme. It seems that he cannot live, and it is not pain that drives him to anguish, but it is an anxiety intermingled with restlessness and sadness, and everything seems black to him. This state prevails in all diseases intermingled with prostration. An uneasiness comes in the early stages of disease, and lasts but a little while, until the prostration becomes marked. While lying in bed, at first he moves his whole body ; moves himself in bed and out of bed ; but the prostration becomes so marked that he is able to move only his limbs, until at last he becomes so weak that he is no longer able to move and he lies in perfect quiet in the extreme of prostration. It seems that prostration takes the place of anxiety and restlessness, and he appears more like a cadaver then. So remember that these states of anxiety and restlessness go towards the cadaveric aspect, towards death. This is seen for instance in the typhoid, where Arsenicum is indicated. At first there is that anxious restlessness with fear, but the increasing weakness tends towards prostration.

Running all through the remedy there is the *burning* mentioned as one of its most marked generals. There is burning in

the brain which makes him want to wash the head in cold water. This sensation of heat in the inner head with pulsation is ameliorated by cold bathing, but when there is a rheumatic state that affects the scalp and outward nerves, and there is burning, the burning then is ameliorated by heat. When the headache is of a congestive character, with the sensation of heat and burning inside the head, and there is a feeling as if the head would burst and the face is flushed and hot as it sometimes is with Arsenicum, that headache is better from cold, cold washing, cold applications and in the cool open air. So marked is this that I have seen the patient sitting in the room with clothing piled on to keep the body warm and with the head out of the window to relieve the congestion of the head. Therefore, we say a striking feature belonging to this medicine is relief of all the complaints of the body from wrapping up and from warmth in general and relief of the complaints of the head by cold, except the external complaints of the head, which you will find are better from heat and from wrapping up. The neuralgias of the face and eyes, and above the eyes, are better from heat.

The burning is felt in the stomach; there is burning in the bladder, in the vagina, in the lungs. It feels as if coals of fire were in the lungs at times, when gangrenous inflammation is threatened, and in certain stages of pneumonia. There is burning in the throat and burning in all the mucous membranes. The skin burns like fire with itching and he scratches until the skin is raw, and then it burps, but the itching ceases; as soon as the smarting lets up a trifle the itching commences again. All night long the itching and burning alternate, burning for a minute, when he scratches it until it is raw, but soon the itching begins again and it seems that he has no rest.

The secretions and excretions of Arsenic are *acid*; they excoriate the parts, causing burning and smarting. The discharge from the nose and eyes causes redness around the parts, and this is true of all the fluids from the various orifices. In ulcers there is burning like fire and the thin, bloody fluid discharged excoriates the parts round about. The *odor* of the discharges is *putrid*. If you have ever discovered the odor of gangrene, of mortified flesh, you know the odor of the Arsenicum discharges.

The stool is of that character; it is putrid, like decomposed flesh, putrid blood. The discharges from the uterus, the menstrual flow, the leucorrhœa, the fæces, the urine, the expectoration, all the discharges are putrid. In old ulcerations the ulcer is so putrid that it smells like decomposing flesh.

Arsenic produces a tendency to *bleeding*. The patient bleeds easily and may bleed from any place. There is vomiting of blood; bleeding from the lungs and throat. Bloody discharge from the mucous membrane, at times, when inflammation is running high; hæmorrhage from the bowels, kidneys, bladder and uterus; anywhere that mucous membrane exists there may be hæmorrhage. Hæmorrhage of black blood and discharges that are offensive.

Gangrene and sudden inflammatory conditions like gangrenous and erysipelatous inflammations are common in Arsenic. Parts suddenly take on erysipelas, or parts that are injured suddenly take on gangrene. Gangrene in internal organs, malignant inflammations, erysipelatous inflammation. No matter how you look upon the condition, no matter what it is called, if it is a sudden inflammation that tends to produce malignancy in the part it belongs to Arsenicum. Inflammation will go on in the bowels for a few days attended with a horribly offensive discharge, vomiting of clots of blood, great burning in the bowels with tympanitic condition. You may almost look upon this as a gangrenous inflammation, so violent, sudden and malignant is it, and it has the anxiety, prostration, fear of death, and chilliness, the patient wanting to be covered up warmly. When with this gangrenous inflammation of the bowels, this malignant inflammation of the intestines, the patient is relieved by heat it means Arsenic. You should remember that *Secale* has a similar state of affairs; it has all the tympanitic condition, all the ulceration and prostration, all the offensive odor and expulsion of offensive clots, and all the burning, but the *Secale* patient wants to be uncovered, wants things cold, wants the windows open, while the Arsenicum patient wants heat. The only distinguishing feature between these two remedies in a case may be that *Secale* wants cold and Arsenicum wants heat, but this is the way we individualize in our homœopathic prescribing. As we go into the chest with these gan-

grenous states we find the patient has been taken down with a chill, there has been restlessness, prostration, anxiety and fear; as we enter the room we detect a horrible odor, and on looking into the pan we see the patient has been spitting up by the mouthful black, foul expectoration. Look and see if the patient wants to be covered up warmly; if he is easily chilled, and heat feels good; then you have practically settled the matter, and hardly need any more symptoms, because it is a hard thing to cover that case outside of Arsenicum. The prostration, the vomiting, the anxiety, the restlessness, the cadaveric aspect are present, and where will you find a remedy with that totality outside of Arsenic? I have many times gone a long distance to detect, from the very aspect of things, these symptoms that could be gotten while walking from the door to the bedside. Every symptom is Arsenic; he looks like it, acts like it, smells like it and he *is* it. You may go to a patient with high grade inflammation of the bladder, with frequent urging to urinate, straining to urinate and there is bloody urine intermingled with clots. It has been found by the attending physician when he introduces the catheter to draw off the urine that clots dam up the catheter, a little is drawn off and then it stops. We have a history of restlessness, anxiety, fear of death, amelioration from heat, great prostration. You must give Arsenic, not because there is inflammation of the bladder, but because it is a rapidly progressing inflammation, and because it is gangrenous in character. The whole bladder will be involved in a short time, but Arsenic will stop that. So it is with all the internal organs, the liver, lungs, etc.; any of them may take on violent and rapid inflammation. We are not now speaking of the particulars, but only illustrating the general state of Arsenic, in order to bring out what runs through the whole nature of it. We shall find when we take up the remedy and go through it in a more particular way these features will stand out everywhere.

The *mental* symptoms show in the beginning anxious restlessness, and from this a continuation towards delirium and even insanity with all that it involves; disturbance of the intellect and will. "He thinks he must die." He says he must die. I went to the bedside of a typhoid patient once with all the general aspect I have described; he was able to talk, and he looked up at

me and said: "There is no use of your coming, I am going to die; you might as well go home; my whole insides are mortifying." His friend was seated on one side of the bed, giving him a few drops of water, and just about as often as he could get there with it he wanted it again. That was all he wanted; his mouth was black, parched and dry, dry as a chip. He got Arsenic. One of the characteristic features of Arsenic is *thirst for small quantities often* just enough to wet the mouth. It is commonly used as a distinguishing feature between *Bryonia* and Arsenic for the purpose of memorizing, that *Bryonia* has thirst for large quantities far apart, but Arsenicum little and often, or violent unquenchable thirst.

"Thoughts of death and of the incurability of his complaints."
"Thoughts crowd upon him; he is too weak to keep them off or to hold on to one idea." That is, he lies in bed tormented day and night by depressing ideas and distressing thoughts. This is one form of his anxiety; when tormented with thoughts, he is anxious. In the delirium he sees all kinds of vermin on his bed. "Picks the bedclothes," and does all sorts of queer things. "Delirium during sleep, unconscious mania." "Whimpering and gnashing teeth." "Loud moaning, groaning and weeping," "Lamentations, despair of life." "Screaming with pains." "Fear drives him out of bed, he hides in a closet." These are instances of insanity that take on first a state of anxiety, restlessness, and fear. Religious insanity, with the delusion that she has sinned away her day of grace, the biblical promises of salvation do not apply to her, there is no hope for her, she is doomed to punishment. She has been thinking on religious matters until she is insane. Finally she enters into a more complete insane state, a state of tranquillity; silent, and with aversion to talk. So we see one stage enters into another; we have to take the whole thing together when going to an Arsenicum patient; we have to note the course that the case has run in order to see it clearly and note that in one stage there were certain symptoms and, in another stage, other symptoms. For instance, we know that in the *acute* conditions of Arsenicum there is either thirst for ice cold water, and for only enough to moisten the mouth, or there is thirst for water by the bucketfull and yet it does not

quench the thirst ; but this thirsty stage goes on to another in which there is aversion to water, and hence we see that in *chronic* diseases Arsenicum is thirstless. So it is in a case of mania ; in the chronic state he is tranquil, but in the earlier stages, in order to be an Arsenicum case, he must have gone through the Arsenicum restlessness, anxiety and fear.

Fear is a strong element in the mental state, fear to be alone ; fears things are going to injure him when he is alone ; full of horror ; he dreads solitude and wants company, because in company he can talk and put off the fear ; but as this insanity increases he fails to appreciate company and the fear comes in spite of it. He has a violent increase of his fear and horror in the dark and many complaints come on in the evening as darkness is coming on. Many of the mental troubles, as well as the physical troubles, come on and are increased at certain times. While some complaints, pains and aches are worse in the morning, most of the sufferings of Arsenicum are worse from 1-2 P. M. and from 1-2 A. M. After midnight, very soon after midnight sometimes, his sufferings begin, and from 1-2 o'clock they are intensified.

"Averse to meeting acquaintances, because he imagines he has formerly offended them." Great mental depression, great sadness, melancholy, bowed down and absolutely dejected, even to despair, despair of recovery. These features run through the remedy. He has dread of death when alone, or on going to bed, with anxiety and restlessness. He thinks he is going to die sure, and wants somebody with him. The attacks of anxiety at night, drive him out of bed. This is an anxiety that affects the heart, and so the mental anxiety and cardiac anxiety almost seem to coincide. A sudden anxious fear comes over him at night ; he jumps up out of bed with the fear that he is going to die, or that he is going to suffocate. It is full of all sorts of dyspnœa, cardiac dyspnœa, and varying forms of asthma. The spells come on after midnight ; from 1-2 o'clock he is attacked with mental anxiety, dyspnœa, fear of death, coldness, and is covered with cold sweat. "Anxiety like one who has committed murder." This is one form of his anxiety ; he finally works up to the idea that the officers are coming after him, and looks and watches to see if they are coming in to arrest him. Some unusual evil is

going to happen to him ; always looking for something terrible to happen. "Irritable, discouraged, restless." "Restlessness, cannot rest anywhere." "As a consequence of fright, inclination to commit suicide."

The Arsenicum patient with this mental state is *always freezing*, hovers around the fire, cannot get clothing enough to keep warm, a great sufferer from the cold. Chronic Arsenicum invalids cannot get warm ; they are always chilly and pale and waxy, and in such invalids after they have had several unusual weak spells dropsical conditions come on. Arsenicum is full of puffiness and dropsy ; œdematous condition of the extremities ; dropsy of the shut sacs or of the cavities ; swelling about the eyes ; swelling of the face, so that it pits upon pressure. Arsenicum in these swellings is especially related to the lower eyelid rather than the upper, while in *Kali carb.* the swelling is more in the upper eyelid than the lower, between the lid and the brow. There are times when *Kali carb.* looks very similar to Arsenic and little features like that will be distinguishing points. If they run together in generals, then we must observe their particular peculiarities.

LECTURE II.

In the *headaches* we have a striking general feature of Arsenicum, brought out in their periodicity. Running all through this remedy there is *periodicity*, and for this reason it has been extensively useful in malarial affections which have, as a characteristic of their nature, periodicity. The periodical complaints of Arsenic come on every other day, or every fourth day, or every seven days, or every two weeks. The headaches come on in these cycles, every other, or third, fourth, seventh, or fourteenth day. The more chronic the complaint is the longer is its cycle, so that we will find the more acute and sharp troubles in which Arsenic is suitable will have every other day aggravations and every fourth day aggravations; but as the trouble becomes chronic and deep seated it takes on the seventh day aggravation, and in the psoric manifestations of a long, lingering and deep-seated kind there is a fourteen day aggravation. This appearing in

cycles is common to a good many remedies, but is especially marked in *China* and Arsenic. These two remedies are similar to each other in many respects, and they are quite similar in their general nature to the manifestations that often occur in malaria. It is true, however, that Arsenic is more frequently indicated than *China*. In every epidemic of malarial fever that I have gone through I have found Arsenicum symptoms more common than those of *China*. You will find these two substances, in the form of Quinine and Fowler's Solution, to be the mainstay of the allopaths in any malarial valley or city.

These headaches bring out the interesting point that we mentioned in last lecture. Arsenicum has in its nature *an alternation of states*, and this carries with it certain generals. Arsenicum in all of its bodily complaints is a cold remedy; the patient sits over the fire and shivers, wants plenty of clothing, and wants to be in a warm room. So long as the complaints are in the body this is so; but when the complaints are in the head, while he wants the body warm, he wants the head washed in cold water or wants the cold air playing upon it. The complaints of the head must conform to the generals that apply to the head and the complaints of the body must be associated with the generals that apply to the body. It is a difficult thing to say which one of these two things is most general, and it is sometimes difficult to say which one is the general of the patient himself because he confuses you by saying: "I am worse in the cold," but when his headache is on he says: "I am better in the cold, I want to be in the cold." It is really only the head, and you have to single these out and study them by the parts affected. When things are so striking you must examine into it to see what it is that brings about the modality. You will see a similar state running through *Phosphorus*; the complaints of the stomach and head are better from cold, *i. e.*, he wants cold applications upon the head with head sufferings, and wants cold things in the stomach with stomach complaints, but in all the complaints of the body he is ameliorated from heat. If he steps out into the cool air he will commence to cough, if he have a chest trouble. So we see that the modalities that belong to the part affected must always be taken into account. When the Arsenicum head is affected by neuralgias of the scalp, and these

neuralgias are associated with other neuralgic and rheumatic states of the body, then the patient in general is relieved by heat. For instance, you have a patient suffering from neuralgia or rheumatic affections and these same pains extend to the head, then he wants the head wrapped up because they are ameliorated from heat. But when it comes to cases of congestive conditions of the head, he then is better with his head very cold. Now, as I have said, there is an alternation of these states in Arsenicum. I will illustrate by mentioning a case. Once a patient had been dragging along with periodical sick headaches. The sick headaches were better from cold water, cold applications to the head, could hardly get them cold enough, and the colder the better. These headaches came every two weeks, I think, and so long as they were present he desired cold to the head. Then these periodical headaches would be better for months, for long periods; but when they were away he was suffering from rheumatism of the joints, which was also periodical, and also more or less tenacious, and when this rheumatism of the joints and extremities, with more or less swelling and œdema, was present, he could not get warm enough; he was at the fire toasting his skin and wrapping up; he was relieved by heat and wanted warm air and a warm room. This would last for a period and then subside, and back would come his sick headaches and last for a while. That is what I mean by the alternation of states. Arsenicum, 50m., cured that man, and he never had any of them afterwards. The alternation of state sometimes means that there are two diseases in the body, and sometimes the remedy covers the whole feature in alternation of states. I remember another case which will illustrate this peculiar nature of alternation of complaints which is shared by other remedies besides Arsenic. A patient suffered from a pressure in the top of the head, such as I recently described to you under *Alumen*. She would suffer for weeks from that pressure on the top of the head, and the only relief she could get was from hard pressure; she tired herself out with hard pressure and would contrive all kinds of weights to put upon the head. That would go away in the night and she would wake up the next morning with constant urging to urinate. The irritable bladder alternated with pain on top of the head. *Alumen* cured that. In

many of these anti-psoric remedies we have an alternation of states. This illustrates the necessity for getting the symptoms of all the states that present themselves for cure, otherwise you will many times prescribe in a chronic disease of psoric character, and temporarily relieve it. when back comes another aspect of it. You have only hastened the disease a little faster than it would go if let alone. But that is not homœopathic prescribing. Be sure, when a remedy presents one state, that it is as clearly indicated in the other state, otherwise that remedy is not the *simillimum*. You must hunt until you find the remedy that has both states, or you will be disappointed. We sometimes do not discover this alternation of states until we have brought it back two or three times by incorrect prescribing. Some people are so reticent and so difficult to get symptoms from that we do not always get these things. But you examine your record and you find where you have made a foolish prescription that you drove a new condition away and back came the first trouble, and you kept on with this see-saw business. Now remember in doing this your patient is not improving, and that you must re-study the whole case, taking the alternating states into account. In Arsenic, the head symptoms alternate with physical symptoms. You will find running through certain remedies as a part of their nature that mental symptoms alternate with physical symptoms; when the physical symptoms are present, the mental symptoms are not present, and vice versa. When a general feature of a case like that is determined it is a good point, but sometimes you do not find a remedy because many of our remedies are not well recorded; they have not yet been all observed in their alternations and marked as such. We find in *Podophyllum* the peculiar feature that the headaches alternate with diarrhœa; he is subject to sick headaches and to diarrhœa, and one or other will be present. In *Arnica*, the mental symptoms alternate with uterine symptoms. The uterine symptoms when observed look like *Arnica*, but these go away in the night and mental symptoms come on, the mind being heavy, gloomy and cloudy. When we have remedies that have these manifestations it requires a greater depth of vision to see the alternation of state because these things are not always brought out in the proving, for the reason that one prover had

one group of symptoms and another another. Yet a remedy that is capable of bringing out the two groups of symptoms is sufficient to cure this alternation of states.

The periodical headaches of Arsenic are found in all parts of the head. There are the congestive headaches that involve the head with throbbing and burning, with anxiety and restlessness; hot head and relief from cold. There are headaches in the forehead, which are also throbbing, worse from light, intensified from motion, often attended with great restlessness, forcing him to move, with great anxiety. Most of the headaches are attended with nausea and vomiting. The sick headaches are of the worst sort, especially those that come every two or three weeks. There are very few remedies having headaches every two weeks; Arsenicum is the most prominent. In some of these old, broken-down constitutions you will find he is cold, pallid, sickly; he is always chilly and freezing except when the headache is on, and it is better from cold; the face much wrinkled, great anxiety and no desire for water. Remember that it was said in the acute state of Arsenic there is thirst, thirst for little and often, dry mouth and desire for water enough to moisten the lips, but in the chronic states of Arsenic he is generally thirstless. There are headaches on one side of the head involving the scalp, one half of the head, worse from motion, better from cold washing, better from walking in the cold air, though very often the jar or stepping starts up a feeling as of a wave of pain or undulation, shaking, vibration or looseness in the brain; such are the sensations and these are conditions of pulsation. Then there are dreadful occipital headaches, so severe that the patient feels stunned or dazed. They come on after midnight, from excitement, from exertion; they come on from becoming heated in walking, which produces determination of blood to the head. *Natr. mur.* is a medicine analogous to this in its periodicity and in many of its complaints. It has congestive headaches from walking and becoming heated, especially from walking in the sun. The Arsenicum headaches are generally worse from light and noise, better from lying down in a dark room, lying with the head not too low, on two pillows. Many of the headaches commence in the afternoon from 1 to 3 o'clock, after the usual lunch

or noon meal, grow worse into the afternoon, lasting all night. They are often attended with great pallor, nausea, prostration, deathly weakness, so great is the pain. The pain is paroxysmal; violent head pain during the chill of an intermittent fever; headache as if the skull would burst during an intermittent fever. Arsenicum has this head pain of a congestive character in intermittent fever, as if the head would burst. During the chill of Arsenicum there is no desire for water except for hot drinks, and the object of the hot drinks is to warm him up and not because of thirst. He sometimes has a dry mouth, but the desire for cold drinks has seldom been observed in the chill, he wants something warm. A peculiar feature of the thirst, which we will speak of again and more particularly, is that there is no thirst during the chill except for hot drinks; during the heat there is thirst little and often for water enough to moisten the mouth, which is almost no thirst, and during the sweat there is thirst for large drinks. Thirst begins with the beginning of the heat and increases as the dryness of the mouth increases; he desires only to moisten the mouth until he breaks out in a sweat and then the thirst becomes a desire for large quantities very often, and the more he sweats the more desire he has for water. The headache, as I started to mention, is during the chill; it increases, so that it becomes a dreadfully intense congestive, throbbing headache during the chill and heat; this grows better towards the end of the heat as the sweat breaks out, it is ameliorated by the sweat.

In chronic headaches, congestive headaches and malarial complaints, a *tendency to shrivel* is observed upon the skin; a prematurely old, wrinkled appearance of the skin comes on. The mucous membrane of the lips and mouth often shrivels and becomes wrinkled. This is also found in the diphtheritic membrane of the throat as a peculiar feature of Arsenic, and belongs, as far as I know, to no other remedy. The exudation in the throat is leathery looking and shrivelled. A shrivelled membrane is not a sure indication for Arsenic, but when Arsenic is indicated you would be likely to find this kind of membrane; such cases as are very malignant in character, very offensive putrid forms, those with a gangrenous odor.

With the head symptoms, the *head is in constant motion*. At times the head is in constant motion when there are complaints

in the body, because parts of the body are too sore to be moved; then the motion of the head comes on because of restlessness and uneasiness, and he keeps in motion even though it does not ameliorate. The external head is subject to much pain of a neuralgic character, and as has been repeatedly said this pain is better from heat. The face and head are subject to œdema; even the scalp pits upon pressure; dropsy of the scalp and erysipelatous inflammation of the face and head. The scalp pits upon pressure and there is a little crepitation under it from pressure. The scalp is subject to eruptions and is very sensitive. So sensitive is the scalp that the hair cannot be combed; it seems as if the touch of the comb or brush when rubbing over the scalp went into the very brain.

Sensitiveness is a feature of Arsenic; sensitiveness to smell and touch, and every other circumstance; oversensitiveness of all the senses. A peculiar feature that perhaps I have not brought out in this oversensitiveness is the oversensitiveness to the circumstances and surroundings of the room. The Arsenicum patient is an extremely fastidious patient. Hering once described him as "the gold-headed cane patient." If this is carried out in a woman who is sick in bed she is in great distress if every picture on the wall is not perfectly straight. Those who are sensitive to disorder and confusion and are disturbed and made worse until everything is placed in an orderly way have a morbid fastidiousness which has its simillimum in Arsenic.

[TO BE CONCLUDED IN NEXT ISSUE.]

HAHNEMANN never deviated from the practice of giving small doses, even in the last years of his practice; and the insinuations of the Specificals to that effect are totally without foundation. These insinuations are not only contradicted in the preface to the *Chronic Diseases*, which was written at the end of 1838, but I can likewise show their falsehood by the letters which have been exchanged between Hahnemann and myself, without any interruption, from the middle of the year 1830 until two months previous to his death, evidently proving that, so far from increasing the doses, Hahnemann had, on the contrary, steadily diminished them progressively until the last moment.—*Banninghausen*.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.*

LECTURE XXVIII.

PAR. 105 *et seq.*

It may be well for you now to review thoroughly the first portion of the study of the Organon, containing the doctrines in general that may be hereafter found to be useful in the application of homœopathy, including the oldest established rules and principles. The first step may be called theoretical homœopathy, or the principles of homœopathy, after which we take up the homœopathic method of studying sicknesses. In this we have found that the study of sickness in our school is entirely different from the study of sickness under the old school. But up to this time the doctrines have not exhibited their purpose; we only get their purpose when we come to the third step, which deals with the use of the *Materia Medica*. We have seen that we must study sickness by gathering the symptoms of sick patients, relying upon the symptoms as the language of nature, and that the totality of the symptoms constitutes the nature and quality and all there is that is to be known of the disease. The subject now to be considered is how to acquire a knowledge of the instruments that we shall make use of in combating human sicknesses. We know very well that in the old school there is no plan laid down for acquiring a knowledge of medicines except by experimenting with them upon the sick. This Hahnemann condemns as dangerous, because it subjects human sufferers to hardship and because of its uncertainty. Though this system has existed for many hundreds of years, it has never revealed a

*Stenographically reported by Dr. S. Mary Ives.

principle or method that one can take hold of to help in curing the sicknesses of the human family. His experiments in drug proving were made before he studied diseases. In other words, Hahnemann built the *Materia Medica* and then took up the plan of examining the patient, to see what remedy the sickness looked like. Whereas now, after Homœopathy has been established, and the *Materia Medica* has been established, the examination of the patient precedes, in a particular case, the examination of the *Materia Medica*. But for the purpose of study they go hand in hand. Before Hahnemann could examine the *Materia Medica* you may say he had to make one, for there was none to examine, there were no provings as yet; we now have the instruments before us to examine, we have the proved remedies. When the fallacy of old school medicine fully entered Hahnemann's mind; when he became disgusted with its method at the time his children were sick; when he placed himself in the stream of Providence and affirmed his trust that the Lord had not made these little ones first to suffer, and then to be made worse from violent medicines; then his mind was in an attitude for discovery. It was a discountenancing of and disgust for the things that were useless, and this brought him to the state of acknowledgment of not knowing and that everything of man's own opinion must be thrown away. It brought him to a state of humility and the acknowledgment of Divine Providence. That state of humility opens man's mind. You will find so long as man is in a position to trust himself he makes himself a god; he makes himself the infallible; he looks to himself and does not see beyond himself; his mind is then closed. When a man finds out that in himself he is a failure, that is the beginning of knowledge in any circumstance; the very opposite of this closes the mind, and turns man away from knowledge. I have been teaching long enough to observe, and I will tell you some things I have observed. I have observed quite a number of young people turn away from Homœopathy after once confessing it, and professing to practice it, and after seeming able in a certain degree to practice it. I often wondered why it was that after they had made public profession of it they turned away from it, and I found in every instance that it was due to a lack of humility. The great

mistake comes from turning one's attention into self and relying upon self, with an attention that closes the mind and deprives one of knowledge and prevents clear perception. Man takes himself out of the stream of Providence when he becomes satisfied with himself and thinks "now that I have done so many things I have nothing more to study." This is a wrong attitude; for anything like self-conceit will blind man's eyes, will make him unable to use the means of cure and will prevent his becoming acquainted with the *Materia Medica*. The homœopathic physician, as much as the clergyman ought to keep himself in a state of purity, a state of humility, a state of innocence. So sure as he does not do that he will fall by the wayside. There is nothing that destroys man so fast in the scientific world as conceit. We see in old-fashioned science men who are puffed up and corpulent with conceit. The scientific men who are in the greatest degree of simplicity are the most wise, and the most worthy, and you need not tell me that those who are innocent and simple have not had a tremendous struggle in order to keep self under control and to reach this state of simplicity. Extensive knowledge makes man simple, makes him gentle. Extensive knowledge makes man realize how little he knows, and what a small concern he is. A little knowledge makes a fool of a man, and makes him think he knows it all, and the more he forgets of what he has known the bigger man he feels he is. The smaller he feels he is the more he knows, you may rest assured. In order to do this, he must study and keep himself in a state of gravity and in a state of innocence. In the scientific world we have all those horrible jealousies and feelings of hatred to those who know more than we do. A man who cannot control that and keep that down is not fit to enter the science of Homœopathy. He must be innocent of these things; he must put that aside and be willing to learn of all sources, providing the truth flows from these sources. In this frame of mind, and this frame of mind only, can the physician proceed to examine the *Materia Medica*.

We have already said that Hahnemann had no *Materia Medica* to start with. He could not go to books, and read, and meditate, and find remedies in the image of human sickness. He had

no such remedies to study, and hence it was necessary to build up the *Materia Medica*. We can imagine that Hahnemann must have been almost in a state of despair, and inclined to say there is no knowledge upon the earth. He felt in his own mind that we should never know anything about the *Materia Medica* so long as we perceived its effects only in human sicknesses, but that a true and pure *Materia Medica* must be formed by observing the action of medicines upon the healthy human race. Hahnemann did not commence to feed these medicines to others; he took the Peruvian Bark himself, and felt its effects upon himself. He allowed it to manifest its symptoms, and when he had thus proved Peruvian Bark (which we call China) it might be then said that the first remedy known to man was discovered, and that the first drug effect was known and that China was born! Hahnemann searched the literature of the day to find out what other effects of China had been discovered accidentally, and accepted such as were in harmony with what he had discovered. We have already referred to the fact that Hahnemann was able, after proving China, to see that in its action it closely resembled the intermittent fevers that had existed through all time; that there was the most abundant relation of similitude between China and intermittent fever. Do we wonder, then, that Hahnemann said to himself, can it be possible that the law of cure is the law of similars? Can it be possible that similars are cured by drugs that produce symptoms like unto the sickness? Every drug that he proved thereafter established the law more and more, made it appear more certain, and every drug that he proved added one more remedy to the instruments we call the *Materia Medica*, until it came to be what we now recognize as Hahnemann's *Materia Medica Pura* and the *Materia Medica* of the Chronic Diseases. This work was simply enormous and very thorough, but many additions have been made to it since the time of its publication, and these form the instruments that we have to examine.

The best way to study a remedy is to make a proving of it. Suppose we were about to do that; suppose this class were entering upon a proving. Each member of the class would devote, say, a week, in examining carefully all the symptoms

that he or she is the victim of, or believes himself or herself to be the victim of at the present time, and for many months back. Each student then proceeds to write down carefully all these symptoms and places them by themselves. This group of symptoms is recognized as the diseased state of that individual. A master-prover is decided upon, who will prepare for the proving a substance unknown to the class and to all the provers, known only to himself. He will begin with the first or earliest form of the drug, it may be the tincture, and potentize it to the 30th potency, putting a portion of that potency into a separate vial for each member of the class. The provers do not know what they are taking, and they are requested not to make known to each other their symptoms. When their own original symptoms appear in the proving the effect of the remedy upon any one of these chronic symptoms is simply noted, whether cured or exaggerated, or whether not interfered with; but when the symptom occurs in its own natural way, without being increased or diminished, it may be looked upon as one of the natural things of that particular prover, and hence all the natural things of the prover are eliminated. Generally if a remedy takes marked hold of a prover all the chronic symptoms will subside, but when a proving only takes a partial hold it may only create a few symptoms. These few symptoms, when added to the symptoms that the other provers have felt, will go to make up the chronic effect of the remedy, which may be said to be the effect of the remedy upon the human race. Now as to the method of proving: After the master-prover deals out these vials, each prover takes a single dose of the medicine and waits to see if the single dose takes effect. If he is sensitive to that medicine a single dose will produce symptoms, and then those symptoms must not be interfered with; they should be allowed to go their own way. In the proving of an acute remedy, like Aconite, the instructor, who knows something about the effect of the medicine, may be able to say to the class: "If you are going to get effects from this remedy you will get those effects in the next three to four days." It will not be necessary to wait longer than that for Aconite, Nux vomica or Ignatia, but longer for Sulphur or some of the antipsorics. If we were attempting to prove a remedy like

Silicate of Alumina, the master-prover would advise the class not to interfere with the medicine for at least thirty days, because its prodrome may be thirty days. It is highly important always to wait until the possible prodrome of a given remedy is surely passed. If it is a short-acting remedy, the action will come speedily. We must bear in mind the prodrome, the period of progress and period of decline when studying the *Materia Medica* as well as when studying miasms. The master prover will usually be able to indicate to the class whether they should wait a short time or long time before taking another dose, and from this the class will only know whether the drug to be proved is acute or chronic. If the first dose of medicine produces no effect, and sufficient time has been allowed to be sure that the patient is not sensitive to it, the next best thing to do is to create a sensitiveness to it. If we examine into the effects of poisons, we find those who have once been poisoned by *Rhus* are a dozen times more sensitive than before. Those who have been poisoned by *Arsenic* are extremely sensitive to *Arsenic* after they allow the first effects to pass off. If they continue, however, to keep on with the first effects they become less sensitive to it, so that they require larger and larger doses to take effect. This is a rule with all poisonous substances that are capable of affecting the human system markedly. Now, when the time has passed by which the prover knows he is not sensitive to that remedy, that he has not received an action from the single dose (and perhaps in the proving of forty you will not get more than one or two that will make a proving from the 30th potency) to make the proving and to intensify the effect, dissolve the medicine in water and have him take it every two hours for 24 or 48 hours, unless symptoms arise sooner. By this means the prodromal period is shortened. The medicine seems to be intensified by the repetition, and the patient is brought under the influence, dynamically, of that remedy. As soon as the symptoms begin to show, it is time to cease taking the remedy. No danger comes from giving the remedy in this way; danger comes from taking this remedy for a few days and then stopping it, and then taking it again. For instance, say you are proving *Arsenicum*; you find that you are not at all sensitive to it, and after waiting thirty

days you start out again and take it in water, for three to four days, and the symptoms arise; now wait. So long as you discontinue it, it will not do any damage. Now, the symptoms begin to arise; wait and let the image-producing effect of *Arsenicum* wear off; let it come and spread and go away of itself; do not interfere with it; if you do interfere with it, the interference should be only by a true antidote; you should never interfere with it by a repetition of dose. That is one of the most dangerous things. If the *Arsenical* symptoms are coming and showing clearly, and at the end of a week or ten days you say: "Let us brighten this up a little, and do this thing more thoroughly," you will engraft upon your constitution in that way the *Arsenicum* diathesis, from which you will never be cured. You are breaking right into the cycles of that remedy and it is a dangerous thing to do. At times that has been done and the provers have carried the effects of their proving to the end of their days. If you leave this *Arsenical* state alone it will pass off entirely, and the patient is very often left much better for it. A proving properly conducted will improve the health of anybody; it will help to turn things into order. It was Hahnemann's advice to young men to make provings. Now, another portion of the class will not get symptoms, no matter how they abuse the remedy, and if it be *Arsenicum* they will have to take a crude dose of it to get any effect, and then the symptoms given forth are only the toxic effects, from which little can be gained. The toxicological results of poisons are provings of the grossest character; they do not give the finer details. For instance, you give *Opium* in such large doses that it immediately poisons; you see nothing but the grosser, overwhelming symptoms; the irregular, stertorous breathing, the unconsciousness, the contracted pupil and the mottled face and the irregular heart. The details are not there, you only have a view of the most common things.

The re-proving of remedies is of great value. The Vienna Society did not fully endorse Hahnemann's provings. This society thought it impossible that such wonderful things could be brought out upon the sensations of people. The society did not endorse the 30th potency that was recommended by Hahnemann for proving. So this society gathered itself together and resolved to prove reme-

dies, and to test the 30th potency, and it so happened that the society was honest. Natrum mur., Thuja and other remedies were proved, and W—— was honest enough to say that although his convictions were decidedly against the provings he had to admit that the symptoms gathered from the 30th potency were very strong. The Vienna Society demonstrated by these re provings that the polycrests of Hahnemann had been fully proved. Their provings of the 30th of Natrum mur. was a wonderful revelation to them; but W——, in spite of this result, held on to his prejudices. He acknowledged that he was wrong; but he continued to use potencies lower than the 15th. He could not get his mind elevated to the 30th; his prejudice was too strong. Dunham says of some of these, that in spite of the fact that they had seen better results from the 30th and higher potencies even, they were so prejudiced they could not bring themselves to a state of yielding. As Dunham humorously expressed it, "they are ossified in their cerebral convolutions as well as in their bony structure." That is to say, their minds were inelastic, they could not expand. We talk from appearance when we say the eyes are closed; it is the mind that is closed, the understanding that is closed.

Read Par. 107-112.—When the patient is under the poisonous influence of a drug it does not seem to flow in the direction of his life action, but when reaction comes then the lingering effects of the drugs seem to flow, as it were, in the stream of the vital action. Then the symptoms that arise are of the best order, and hence it is necessary in proving a drug to take such a portion of the drug only as will disturb and not suspend, as will flow in the stream of the vital order, in the order of the economy. establishing slightly perverted action, and causing symptoms, without suspending action as we would, for example, with a large dose of Opium. When a state of suspension exists in the dynamic economy, then we have a beclouding of all the activities of the economy, so giving a large dose of medicine to palliate pains and sufferings is dangerous. We have a suspension of the vital order when we give a medicine that does not flow in the stream of the vital influx. Homœopathy looks towards the administration of medicines that are given for the purpose of either creating

order, and then always in the higher potencies, or for the purpose of disturbing, and then in the lower potencies. We should never resort to crude drugs for provings, unless for a momentary or temporary experiment. It should not be followed up, and no great weight should be put upon the provings that are made from the crude medicines. They only at best give a fragmentary idea. Unless the proving that has been made with strong doses becomes enlarged with the symptoms from small doses the information remains fragmentary and useless. If we had only the poisonous effects of Opium, we would be able only to use it in those conditions that simulate the poisonous effects of Opium, like apoplexy. Now, some prescribers teach that for the primary effect one potency must be used and for the secondary effect another must be used. No such distinction need be made. I have many times been at the bedside of apoplectic patients when death would have followed had not the homœopathic remedy been administered. I have been at the bedside of some when the pulse was flickering, when the eye was glazed, when the countenance was besotted, stertorous breathing coming on, frothing at the mouth, and in a few minutes after the administration of Opium c.m. I have seen the patient go into a sound sleep, remain quiet and rest, wake up to consciousness, and go on to recovery. Alumina has a similar state of stupor resembling apoplexy, and hence it is that Alumina and Opium are antidotes to each other. I remember a case of apoplexy once that puzzled many physicians for some days, and I was puzzled too. The patient was in a profound stupor. Opium was administered by the physician in charge before I arrived, and it stopped the stertorous breathing, but the patient remained unconscious. Finally it was observed that one side was moving, whilst the other side had not moved for many days, and that on the paralyzed side there was fever, while on the well side there was no fever. That was observed after careful examination for many days. I asked the doctor if he did not consider that the natural state of a paralyzed side would be coldness; he thought so, too. The whole paralyzed side of this patient had a feverish feeling to the hand, the other side was normal. That seemed to be the only strange thing in the case; no speech, no effort to do anything, no action of the

bowels; a do-nothing case. Upon a careful study of the *Materia Medica*, I came to the conclusion that Alumina was suited to the case, and in twelve hours after taking a dose of Alumina in a high potency that fever subsided on the paralyzed side and the patient returned to consciousness.

HAHNEMANN-WORSHIP.

CARROLL DUNHAM.

If we appeal to the experience of Hahnemann, let it be understood that we appeal to the man who both knew *Materia Medica* better than any other man ever knew it and who had more practical experience than any of us has had. Let us not indulge in the fallacy of supposing that because we are now practicing in the fifty-ninth year since the *Organon* was published we have had fifty-nine years' experience in homœopathic practice and have been studying *Materia Medica* fifty-nine years. On the contrary our own experience is measured by the actual number of years we have practiced; since in this matter of assimilating to one's own mind the fact of the *Materia Medica* and of seeing the correspondence between these and the facts of disease, we can borrow but little from the experience of others.

If then we, from our little experience of fifteen, or ten, or five years, appeal to Hahnemann with his venerable experience of more than fifty years of active practice, with his unapproachable knowledge of the *Materia Medica*, of which he might justly say like Æneas "magna pars fui," with his unrivalled powers of observation and discrimination—if we appeal to him as "authority," can it justly be said that we are seeking some "authority outside of and beyond our own reason?" An appeal is made to collections of "*facts*." Is not Hahnemann's statement of his practical conclusions a most stupendous "collection of facts?" Who ever observed so many of them? Who ever observed so well as he? Facts must be received on testimony; who ever reported more graphically and more faithfully than Hahnemann? If we doubt his ability, his capacity, his candor, what are we doing with his *Materia Medica*, on the truth of which we risk our patients' lives.

This outcry against "swearing in the words of the master" has come to have a very different meaning from that of the ancient original protest. It was never meant to intimate that the opinion and testimony of him whose abilities had crowned him "king of men" should not have a royal weight of influence.—(*American Homœopathic Review*, Vol. V.)

THE BASIS OF TREATMENT.

By the late DR. DRYSDALE.

No one has rightly understood the *Examination of the Sources*, etc., nor the *Spirit of the Homœopathic Doctrine*, who can imagine that the time has come, or can ever come, when clinical experience can supersede the pure symptoms as the final indication for specific therapeutics. Nevertheless the tendency of many is to go to this extreme; for if we look through the homœopathic practical literature, both standard and periodical, we find that nine-tenths of the indications are merely clinical and no pains are taken to bring out the correspondence of the pure symptoms. Whither is this tendency? Let us see. Allopathy now-a-days is a very different thing from what it was; mainly. I think, from the indirect action of Homœopathy upon it and also from the borrowing, directly from us, many specifics which are used often in a simple form; also the use of specifics is partly acknowledged as a desideratum and partly adopted practically under the name of tonics and alteratives; but the indications are always purely clinical and empirical. Now in as far as we rely on clinical indications alone, wherein do we differ from the ordinary school? In no way, except that, being superior in numbers and having command of more men of talent in hospitals, they will beat us with what were originally our own weapons. Our only resource then is to go back to the more diligent cultivation of our special field, viz., the *Materia Medica*. There we have scope enough to recover lost ground and get again far ahead; for, granting all that pathology and clinical experience can teach us—and I would of course avail myself of it to the very fullest extent—how far does that bring us

in determining the one right medicine required in a system of specifics? A very little way, indeed. Very often it offers us a free choice of twenty to fifty remedies, all equally eligible—a kind of liberty and equality for which we may spare our thanks, as most likely only one or two of them can be specific. Let any practitioner seriously think over the cases that present themselves in one day's average practice and tell us how many are well-pronounced examples of pure inflammation of the large organs or other well defined diseases whose course is definite and symptoms sufficiently fixed to enable us to fix the specific *ab usu in morbis*. A very small number it will be; and applying this to the practice of medicine at large, we come back to Hahnemann's proposition that *no two cases are exactly alike*, a fact that strikes at the root of all attempts to perfect a system of specifics by experience in disease.

It might prevent disappointment if experimenters would bear in mind that the high potencies will not succeed unless the remedy has been selected, not upon the basis of a pathological theory, but on a similarity of its symptoms with the totality of the patient's symptoms, and that in collecting the patient's symptoms the first rank must be accorded to those symptoms which are peculiar to the individual and which are, therefore, characteristic of the case.—*Dunham*.

WHAT "Specifics," endowed with the acute powers of observation which characterized the genius of Hahnemann, has ever been able to give the lie to his master's teachings in regard to the magnitude of doses by defeating Hahnemann's experience by his own? So long as Hahnemann has not been convicted of error, I should say that it is a gratuitous and foolish indiscretion to substitute a different practice for his, and even to demand that the experience of a few rash innovators should be credited more than that of Hahnemann, backed by the experience of a host of able and devoted practitioners of the homœopathic healing art.—*Bænnighausen*.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

MALARIA-OFFICINALIS.

W. D. GORTON, M. D., Austin, Texas.

I. ALBIN B., æt. 20.

11-18-'98. Dark hair. Medium size. Member of Texas Volunteers, U. S. Army. Came home on a furlough four days ago. The morning after arrival began to have abdominal pains and diarrhœa. Joined the army last June. Has had "cold" ever since. The only attack of sickness was from eating canned tomatoes while in Florida. His cold took the form of catarrh of the head; hard, yellow lumps from posterior nares, and nose stopped up at times; bloody discharge from nose mornings. He has been stationed at Miami, Jacksonville and Savannah, Ga., in the order given.

Stools.—For past four days cramping in lower abdomen, with urging which comes on after rising in the morning. Four or five actions daily of thin mucus with bloody spots, a teaspoonful; no fæcal matter. Urging and tenesmus each half hour until bedtime. Stinging in muscles over body while straining at stool when mucus passes. Desire for stool returns as soon as he sits down. Walking > pain and the desire for stool. *Concomitants*. Stinging sensation all over at times if he gets too warm from exercise. Desire to be near the fire.

Stomach.—Faint empty feelings in stomach at times, day and night; sensation as tho' he had not had food.

Abdomen.—Pains are > from walking about.

Back.—Pain in small of, as though strained, > when sitting, < walking or lifting.

Neck.—Pain in back of, as though head was being pulled forward.

Limbs.—Pain in legs > from motion. Feet go to sleep while sitting.

Mouth.—Bitter taste. Dryness.

Appetite.—None. Thirst for a little every hour, caused by dryness in mouth.

General.—Weakness, as though from spell of sickness. No desire to lie down during the day. Desire to walk about. Rhus tox. 50m. was given two days ago with no > except of pains in legs. All other symptoms unchanged.

Malaria off. 6m. (Gorton.)

19th. In less than a half hour after taking dose the offensive taste, urging to stool and weak sensation were >. Feels much > this A. M. Improvement has been uninterrupted. No more trouble with stool. S. L.

21st. Feels much >, but while moving about will have an urging to stool four or five times a day, but stool is normal.

Malaria off. 6m. (G.)

25th. No more trouble.

II. DR. B.

8-30-'98. Reports that he has been feeling tired and weak for several days. No time of <. Weakness as though he had been sick, with loss of appetite. No other symptoms.

Malaria off. 6m. (Gorton.)

Improvement set in in less than an hour after taking the *one dose*; at the end of four days was as well as usual.

III. MRS. B., wife of the above patient.

8-14-'98. Chilliness followed by fever.

Pain in upper left chest, through to scapula.

Burning in left chest.

Bodily aching.

Malaria off. 6m. (Gorton.)

Better for two months. For the past six days:

Burning of external chest.

Darting in left chest during fever.

Burning begins about 10 A. M., lasts during the heat of day. Chilliness and then heat at this time.

Head.—Occipital pain begins with fever. < at night, < lying on back and left side.

Throbbing all over.

Malaria off. 50m. (Gorton.)

3-2-'99. All symptoms > by last dose.

Are now returning.

Malaria off. 5cm. (Gorton.)

This dose >. Patient soon after had La Grippe.

This remedy was introduced by Dr. Bowen, of Indiana. The potencies used were prepared on my potentizer from B. & T.'s 30th. Any one wishing to help prove or develop this remedy can secure grafts from me, gratis.

TWO SULPHUR CASES.

HARVEY FARRINGTON, M. D., H. M., Philadelphia, Pa.

1898. Miss Jennie S. Aet. 24.

Nov. 14. Dark hair and eyes.

Has been a *bleeder* all her life; was always quite thin.

Oozing of thin, watery blood from gums and about teeth, so acrid that it scalds the lips; when 12 years old had a tooth drawn and was ill for a whole year from the effects of the hæmorrhage; every pin-prick bleeds; putrid odor from the mouth.

Nasal catarrh; green, offensive smelling plugs form in the nose. Frequent epistaxis.

Leucorrhœa milky, bluish like cooked starch, in clots.

Menses irregular; came first at age of 17, but did not appear again for six months. Backache before and during flow, which is quite dark.

Dry cough at night during sleep.

Bowels regular.

Backache, lumbar region.

> pressure.

< leaning forward.

Nervous, easily startled.

Thirst for cold water.

Feet hot, burning ; must uncover them at night.

Flesh bruises very easily ; " the least knock leaves a black and blue spot."

Sulph. 200 B. & T.

Nov. 22. Bleeding which had been almost continuous for two weeks ceased next day after taking the remedy.

M. P. came after an absence of two months.

No burning of feet.

Sac. lac.

Dec. 8. Gums bleeding for 5 days.

Headache over left eye.

Sulph. 6m. J. Feet burn like fire at night.

1899.

Feb. 22. Burning of hands and feet keeps her awake at night.

Sulph. 6m. M. P. should have come Feb. 1st.

Mar. 17. Bleeding gums once.

Sac. lac.

May 1st. Bleeding of gums again.

Sulph. 44m. F.

Since the last dose of Sulphur the patient has returned several times for treatment of acute "colds," etc., but has had no sign of the hæmorrhagic diathesis. She has gained in weight and even the tendency to bruising of the flesh has disappeared. Nowhere can I find a record of Sulphur having caused or produced hæmorrhage that corrodes the skin wherever it touches, though its ability to do so might be inferred from the acidity of Sulphur discharges in general. This fact, confirmed, might prove a valuable addition to its pathogenesis.

II. Wm. H. C., æt. 40.

1896.

Dec. 14. Has been living in a damp house ; for years has been a subject of malaria.

Alternating chill and heat from 10 or 11 A. M. till evening.

dull frontal headache during paroxysms ; during chill must be covered warmly ; profuse sweat and much thirst during fever.

Epistaxis of dark thick blood.

< warm room, warm weather.

Shooting pains through head since a severe fall when 17 years old.

< warm room.

Hungry, weak feeling 11 A. M.

Craves sweets.

Diarrhœa frequent ; stool watery, dark, offensive, painless, hurries him out of bed at 6 A. M.

Sulph. 6m. J.

Dec. 19. Feels perfectly well, has had no chill ; in half an hour after the Sulphur a profuse diarrhœic stool came on which so weakened him that he had to lie down, but soon improvement followed.

The symptoms above enumerated point so clearly to Sulph. that it would have been difficult to give anything else ; it's one peculiar feature is the form of aggravation, which would have been amply sufficient to convince any "doubting Thomas" of the efficacy of high potencies had he been in the patient's place. Even now the latter speaks of the "doses he gets on the tongue" as "knockout powders."

TWO PECULIAR HEART SYMPTOMS.

DR. W. W. GLEASON, Provincetown, Mass.

October 3, 1899.

Dr. Kent: I have happened to meet two peculiar heart symptoms frequently of late and so I report them as follows:

1. Second sound of heart louder and louder than the first, with perfect valvular closure systolic and diastolic; cured with *Ars. alb.*

2. In children with stomach worms, the systolic and diastolic sounds, equal in intensity and length with perfect valvular closures, cured by *Cina.*

Yours, W. W. GLEASON.

A NATRUM MURIATICUM CASE.

G. HOFFMAN PETERS, M. D., Baltimore, Md.

H. J., æt. 32, tall, dark complexion, black hair, high cheek bones, over each a red spot; skin greasy and oily in appearance, subject to pimples and boils, had been having chills regularly and irregularly during a whole year. He lived in Southern Md., on the Potomac river. He was treated and treated himself for a long time for the chills, when he was advised to wait till a chill was fully developed and then go out in the river in a boat and jump overboard, which he did; the chills ceased, but in a short time he became annoyed with profuse night-sweats. The sweats were after a long time controlled, only to be followed by a very persistent and annoying cough, which from description was a typical Argent. met. cough. After over two years of all sorts of drugging the cough ceased. Following along in its train came a gall-stone colic. After several months of treatment his physician discovered that these attacks of colic had a periodicity about them and showed up regularly every fourteen or twenty-one days. This he said was a new form of gall-stone colic and would be extremely difficult to conquer. At last the haven of his ambition was reached and the colics were no more, and he smilingly collected his fee. In a few weeks after the colics ceased his patient complained of a great deal of lassitude, headache, constipation, foul mouth, pains and aches in limbs. His physician told him this was due to the fact that his portal circulation had not yet reached its equilibrium and that there was insufficient gall secreted, but that a few doses of Calomel and Gelsemium would right this; for some reason it did not, *possibly* too small a dose. The constipation, etc., were as we see it, an expression of suppression.

A little later on he developed hæmorrhoids, which bled very freely and caused the most agonizing pain when at stool. The stool consisted of a large, long round mass of hard, fecal matter followed by great burning and bleeding. For this condition he passed through the hands of several physicians and the last of

which insisted on an operation, to which he had consented. Having called me in in an emergency, in the course of questioning I learned of the "piles" and his proposed operation. I told him if he had it done, and it proved a success (?), it certainly would kill him. I fully believed I was correct, taking all things into consideration.

We now come to the case as I saw it.

May 20. Headache above eyes, lasting all day.

Hair falls out freely.

Face greasy looking.

Pimples and small boils on face and neck.

On days he felt poorly, eyes pained.

Mouth, nasty taste in A. M.

Tongue always coated white.

Bowels move once a week by using injection, causing severe pain and bleeding.

Complexion sallow.

General feeling of lassitude.

Aching in extremities.

Mind slow to act when beginning anything new.

Had chill as near as he could tell every twenty-one days.

Character of chill:

On day of chill (usually every third Sunday), at 10 A. M., he would have a natural desire for stool and be compelled to respond immediately. When on commode would be obliged to sit and strain with all his force. After a long effort he would pass a large, long, round mass, when *at once* he would begin to ache all over and grow thirsty for ice water. Simultaneously with this he would bleed from one to one and a half pints of bright blood, and as soon as bleeding ceased, which lasted from 5 to 10 minutes, he would go and hug the stove and drink ice water. Headache and aching in limbs and body severe; the chill lasted from 1 to 2 hours. All symptoms were < during fever, except thirst which was much less. As soon as fever came he wanted to be covered warm in bed and the least air caused a chilly sensation (Nux).

Wanted hot cloths pressed to forehead. As soon as fever passed vomited bile and water; sweat was short and profuse, > all symptoms. As soon as sweat dried he was up and out.

Nat. mur. 1 m. one dose.

May 28. Feels about as before, except not quite so tired, and one movement from bowels a little more easy than usual.

June 5. Feels all "broken up," no ambition, appetite poor, great deal of aching, legs feel tired, has had two three bleeding spells from rectum, great deal of headache, mouth taste bad in A. M.

At times little chilly.

Always > after 5 P. M.

R. *Nat. mur.* 1 m., one dose.

June 20. Feeling much > in every way.

Has had several passages with only slight burning and a very little blood.

June 29. Had chill to-day essentially same as one described, only much milder, and bleeding was less, which was always profuse on chill day.

R. *Nat. mur.* 1 m., one dose.

July 10 Was sent for at 8 P. M. Found him in bad shape mentally; was sure he was going in "decline" and would never get well. Felt sensation like small insects crawling *up* extremities, and as long as he moved about did not feel them; as soon as he lay down the sensation returned; face sallow, hair falls out freely and return of a small boil he had had during winter; severe frontal headache > by pressing on forehead; some slight thirst for mild acid drinks; tongue coated white and looks pale.

R. *Sac. lac*, in water.

July 11. Feeling generally better.

July 12. Feeling marked > from all symptoms.

R. *Nat. mur.* 1 m.

July 18. Came to office at night and said he was going crazy; had been getting ready for "special sale" at store; said

all went well if he did not have to change from one lot of goods and prices to another, but as soon as he took up a new lot he was for a long time at sea.

R. *Sac. lac.* every two hours.

July 25. Feeling fine, having natural movements daily with ease and no bleeding; eats and sleeps well; thinks he will soon be all right.

R. *Nat. mur.* 1m., one dose.

Aug. 3. Complains of little aching and slight headache, and that he goes to bed tired, but does not get asleep till two or three A. M., and feels very tired when he gets up, and does not feel like himself till night.

R. *Nat. mur.* 1 m., one dose.

July 15. Has nothing of which to complain, and is gaining in flesh rapidly, and thinks Homeopathy the thing.

[That the patient was cured is a vindication of the prescription, but we think less frequent repetition would have been more according to the principles. —ED.]

IN 1792, some thirty-six years previous to the publication of his famous psoric theory, in an article printed in a German medical journal (see *British Journal of Homœopathy*, Vol. XXI., p. 670), Hahnemann accurately describes the "itch mite," thereby setting at rest the fact of his knowledge of that insect.—A. R. Morgan.

THE eternal natural basis of the homœopathic rule of healing, *Similia similibus*, must at all time and in every place be the supreme law, and must, alone, verify the decision, when the number of ascertained characteristic symptoms belonging to the known *genius of the remedy* are sufficient to determine its similitude to the spirit of the disease.—Bænninghausen.

BACK NUMBERS. Fifty-three lectures on *Materia Medica* and twenty-eight lectures on *Homœopathics* have now appeared in the JOURNAL. These will form quite a text book for students and recent graduates. Back numbers from Vol. I., No. 1, can be supplied. New subscribers taking the back numbers will get the reduced rate for \$5.00 for the three years.

EDITORIAL.

THE editor on the urgent request of the Dunham Medical College authorities made a visit to Chicago and conducted a special course in *Materia Medica* for the students in that college on its re-opening for the session. The lectures were enthusiastically received and the visit was from first to last made a most enjoyable one. At the close of the lectures a delightful surprise was in store for the editor, the students presenting to him a beautiful gold-handled umbrella inscribed: "From the Dunham Medical College Students to Prof. J. T. Kent, M. D., Oct. 11, '99." It is needless to say that the gift was duly appreciated and that for the expression of affection it represents we are truly grateful.

It may not be out of place to give here our impressions during the stay in Chicago, and a few necessary deductions therefrom. It is our unreserved opinion that the Dunham Medical College is on the road to success. Under the management of Mr. E. D. Seaton it has attained all that is necessary in the direction of equipment, building accommodation and conveniences, and has developed into a very promising institution. The general medical education is of the best; the branches required by the State Board, such as anatomy, physiology, chemistry, obstetrics, surgery, histology, etc., are all properly handled; and, in addition to this, the therapeutic branches are conducted on strict homœopathic lines, and several promising instructors are in charge of the clinical departments. Two of our Post-Graduate School Alumni occupy prominent positions, Dr. Maybelle M. Park, who comes from Waukesha, Wis., to teach the *Organon* and quiz the classes, and Dr. J. E. Tremain, who lectures on *Materia Medica*. Dr. Tremain, who is a careful prescriber, we are glad to see, has built up a fine practice in Hyde Park, Chicago. In the excellent management, the strict homœopathic principles, and the large class we have something to be proud of in the Dunham, and we can unhesitatingly say, after learning all that we could about the other schools, that the Dunham is to-day pre-eminently the best college to which we can send our sons and students for a thorough course in medical and homœopathic training.

It is supposed by some that inferior college teaching is the cause of so much low grade Homœopathy as prevails at the present day; others believe it to be due to inferior literature; others to the pharmacies that seem to be willing to deal in anything that will sell, including the vilest old school nostrums under homœopathic names.

Of the 12,000 professed homœopathic physicians not more than 800 are sufficiently acquainted with the principles of Homœopathy and the homœopathic Materia Medica to relieve human suffering by homœopathic therapeutics, and they are therefore compelled to resort to old school methods. The colleges and the literature are the cause of this famine in Homœopathy. When the *Encyclopædia* was prepared by T. F. Allen a start in the right direction was made, and that work is to-day the best Materia Medica we have and should be revised to date by the same author. It has its mistakes, of course, and its author knows them better than any other man. He must know by this time what a farce the *Encyclopædia of Drug Pathogenesis* is, and would not make such a blunder as was made by Hughes. The latter work is no longer the pet of its originators. It was not what was promised and is a disgrace to the American Institute. Then came *The Guiding Symptoms*, by C. Hering. The first 2 vols. were very good, but after the dear old man was taken from us the rest of the work was not up to standard and is full of foolish things. Though it is the best reference book of the present day, it is far from the perfect work needed,

Then we had *Gentry's Concordance* which was the most shameful work that ever appeared, and it is no wonder the author has gone over to Christian Science and abandoned medicine entirely. Not over 40 per cent. of the genuine materia medica is in this pretended complete work, while one-half of Gentry's symptoms cannot be found in any Materia Medica. It is a mess of trash.

No wonder there is a rush for something that can be memorized, such as Nash's Leaders and the condensed pocket books, so that the ordinary mind can group the Materia Medica.

It is hoped that the Dunham College will restore order and bring the minds of men back to old landmarks, and show the

necessity of knowing the *principles* of Homœopathy, and will teach the *Materia Medica* as Dunham taught it.

ONE of greatest obstructions to the progress of Homœopathy is found in the minds of its practitioners. The inclination today is to be guided by the personal opinion of men, or some one man, instead of looking to the principles themselves as authority. In books recently perused much space has been used in quoting the opinion of men, instead of quoting principles. This is emphatically the manner of traditional medicine. We often see a large body of old school doctors gather together in annual convention and discuss what they call the latest discoveries in the science of medicine. The consensus of opinion is called science, and it is said by them all: "We now think so and so." This has become somewhat the same in homœopathic medical societies. But as we have a law of cure and an elaborate code of doctrine and principles which we have accepted as final, men's opinions, which are constantly changing, should not be used as guide. They surely lead to persuasions, confusion, heresy, and will destroy the homœopathic practice. High grade practice and success depend upon a government from principle for the welfare of mankind. It is disgraceful to note the frequency with which men in medical societies say "from my experience" and in "my opinion." Men who follow law should recognize Hahnemann's *Organon* as the fixed and settled authority, and the opinion of one or many as of little value.

If we are to accept the opinions of men we must accept the opinion of all grades of men, as all grades of men argue from opinion, except men who are *in the truth*. Men who know the truth, think from the truth; men who know not the truth reason from the opinions of men. To follow principles because they are uttered by some particular man or teacher is slavery and degrading; to follow principles because they are perceived to be from truth is freedom and is elevating. It is sometimes necessary for the discoverer of principles to die in order that men may cease to praise the man and perceive the truth and follow from principle.

THERE are some danger signals that a careful prescriber needs to know in order to do the best work with incurables. There are two classes of symptoms in all cases of advanced tubercular and suppurative cases, viz.: toxæmic and constitutional. In most instances the former are present in the advanced stage of suppurating phthisis. The chest pains, the mind symptoms, the dreams, the hectic fever are toxæmic symptoms. These may generally be subdued by any remedy that conforms to the totality of such symptoms, and the patient is therefore palliated and for the moment made comfortable. Hence it is that *Phos.* becomes the most effective remedy when the intense hectic fever, red cheeks, delirium, burning thirst and dreadful racking, shaking cough are present, but in this instance it should not be repeated. Likewise, when a patient is not in the midst of a toxæmic exacerbation he may receive this remedy when it is suitable to his mental symptoms and no harm come to his chest symptoms, but if the remedy happens to be precisely similar to his state, corresponding to both the mental and bodily true constitutional symptoms, such as were present before the tubercles were formed in his lungs, it will surely be found that he will be shaken to the centres, which in his feeble, vital state he cannot stand.

Again we will illustrate by saying that *Silic.* will not do damage in a case of advanced phthisis if it fits the toxæmic symptoms only, but if prior to the formation of tubercle that patient suffered from weekly headaches that spread up the back of the head to the front, and had offensive footsweats, and was sensitive to cold, damp weather, and these have all disappeared since the phthisis came on, and they have not been present for many years, and his chest is now flat, and his expansion very small, and signs of extensive suppuration present, *Silic.* will prove a most dangerous remedy.

Have we come to the place that we are ready to cast aside the sayings of the masters, who have told us that *Silic.* will cause suppuration round about, and therefore cause to be expelled any and all foreign substances from the tissue? In the name of common sense, what are the lung tubercles but foreign bodies? and when the lung structures have become, as it were, replaced by these invasions, what can be expected but the most violent pneu-

monia, a futile effort on the part of nature to expel the intruder? Do we not know very well that Silic. will not cause suppuration about a foreign body unless it is in homœopathic agreement with the patient, *i. e.*, similar to all his symptoms? Should we not also confess that if it can be given on mental symptoms and does not remove a foreign body that those mental symptoms were not the true constitutional mental symptoms of that patient, for if they were it would have acted constitutionally, and when so acting it does cause suppuration about foreign bodies.

It is high time a halt was called to the "I do not believe in this and that" when it is a matter of accepting the observation of such men as Hering and Guernsey. It is a denial of the relation of things to each other when a man says that he does not give heed to inimical and complementary relations. It goes for nothing when one man offers his opinion against these old and settled relations. The writer of these notes wishes it known that he has had plenty of cause to affirm that all remedies have due relation to each other. Some are inimical and some are complementary, and these relations should never be overlooked. The teaching of Hahnemann should not be belittled by the modern opinion of men. There is too much of a tendency in these days to call attention to the magnitude of our own greatness and our opinion and to create something for men to admire and worship, if it is only a calf.

MORITZ MULLER.

[Condensed from Dr. Bradford's *Pioneers of Homœopathy*.]

Moritz Wilhelm Muller was born August 11, 1874, at Klobitz, near Wittenberg, where his father was pastor. He was taught in his home the first rudiments of all knowledge, and was at an early age ready to attend a school which prepared students for the university, for when only eleven years of age he attended the Gymnasium of Torgau, where he remained till his seventeenth year, when he went to the University of Wittenberg to devote himself to the study of medicine. Here he became acquainted with Schweikert, Sr., who at that time determined to choose the

academic career. In his twenty-first year Muller went to Leipsic to attend the clinics, as the imperfect clinical arrangements in Wittenberg were not suitable for the gathering of practical experience. Without any especial patron, when scarcely half a year at Leipsic, he became assistant at Jacob's hospital, and surgeon's assistant there under the foremost clinical teacher; at the death of this worthy man, Reinhold, in November, 1809, three years later, he was entrusted with the direction of this hospital and clinic, and the magistracy gave him a municipal medical office.

After having successfully passed his examination as Magister, to gain his diploma he defended his thesis on December 23, 1809. He was promoted January 19, 1809, for which occasion he wrote a thesis—*De febre in inflammatoria*.

By the death of Reinhold he also entered on his lucrative practice, and his kind manner gained for him such complete confidence that he was much sought for as a circumspect and talented practitioner. In the meanwhile the war-typus, which had spread over the whole of Europe, together with the great army fleeing from Russia, was giving abundant work to the physicians of Europe, whose number was not excessive. Private physicians were obliged to assist in the hospitals, and many houses, churches, school and public buildings were used as hospitals. To direct these, requisitions were made on renowned physicians in private practice, who took students of medicine and surgery as their assistants. Muller was appointed to take charge of such a hospital, situated about a mile from the city, and to this he made two daily visits, which leads us to suppose that he did not have much free time at his disposal, especially since the fever was doing murderous execution in the city.

With his active zeal it would have been impossible for him to remain unacquainted with Homœopathy. He had already an excellent practice, which would have almost crushed another man, nevertheless he found time to become acquainted with every new movement and to convince himself as to its reality and value. After Homœopathy had attained to some acceptance in Leipsic, patients from other places applied to Hahnemann, among whom Prince Schwartzberg was especially eminent. I remember very well, in the year 1819, Muller sent his amanuensis to me with the

request to lend him for a short time my copy of the *Organon* to read through. Shaking my head, I handed it to him with the remark that so celebrated a star of the first magnitude in the allopathic firmament would hardly accept Homœopathy with firm faith. The power of truth, however, manifested itself most gloriously and victoriously in Muller's unprejudiced and pure spirit. He became filled with an increasing love for Homœopathy the better he became acquainted with it, and became its zealous friend and adherent, with no thought as to the opinion of his former friends, with no thought that his conversion to the reformed medical art (as Muller himself was the first to denominate it) brought him for a time great pecuniary losses, as a number of his patients were not of the same opinion with him and sought another physician.

Soon he heartily and confidently joined the small company who had the same convictions, and by his words and deeds gave to others manifold opportunity to pursue a similar end. When a pernicious epidemic of scarlatina was prevailing at Leipsic he wrote an article in the *Leipziger Tageblatt*, in which he urgently recommended Hahnemann's treatment of the disease. Several physicians combined with him and formed a society under which the first homœopathic journal, the *Archiv für der Homœopathischen Heilkunst*, was called into life. The first number of this journal contained some solid articles from his pen, and for a long time he took an active part in it. May homœopathists involved in law suits, persecuted and disgraced, were rescued by his sharp incisive pen from their desperate position. Few of us were as well able as he to counteract intrigues, to prevent collisions with the State, with municipal and medical authorities and with the druggists. Because of his attacks he was several times exposed to fines, but he was not easily rebuffed. When he was convinced of the truth of a cause he recognized no higher authority than justice, and the medical officers highest in degree could not daunt him when they exposed themselves by shallow reasonings and false statements.

In the year 1828 he received the very honorable request to treat an august member of the reigning family in Saxony homœopathically, and the order stated that he could act according to

his own choice and would not be obliged to first consult the court physicians.

Muller was very active in the preparation for the celebration of Hahnemann's jubilee in 1829. He was a special originator and joint founder of the Central Society, and at the time when this society was most active and influential he was its director and very zealously and circumspectly guided the work of establishing the hospital at Leipsic. The many necessary communications to the city council, the ministry and the medical authorities were prepared by him, and by his prudence and skill he brought this difficult matter to a successful issue in the short space of five weeks. Muller constantly reported to Hahnemann all the steps taken in the matter and received from him a letter full of praise and thanks, by which Muller felt himself well repaid for all his care and trouble. He undertook the direction of the hospital for the first half year and delivered lectures on homœopathy which he published in the *Allgemeine hom. Zeitung*. Through his activity there was formed in 1833 the Free Union for Homœopathy, in which he co-operated till his death.

In his widely extended practice, mostly among the higher classes, he enjoyed the firm confidence of his patients and the best success in his purely homœopathic treatment. He was a man of honor, a noble man, and a true friend. This I can testify from my experience. He knew no enmity, and he bore no grudge against the malignant persons who had injured him.

On the 22d of September he visited me cheerful and joyous. I therefore apprehended nothing serious, when I heard next day that he had diarrhœa several times. On the 24th vomiting came on, and soon an icy coldness and lack of pulse were added, and in the evening after 6 o'clock he had quietly passed away. He has left many friends, and those who were acquainted with him more closely will keep his memory faithfully within their hearts.

HARTMANN.

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DR. KENT'S REPERTORY.

(From *The Homœopathic World*.)

FIRST NOTICE. (*June, 1899.*)

After fifteen years of labor Dr. Kent has completed his great work. Those who have tried their hand at repertory-making, even if in a small way, know what it means—and those only. Dr. Kent has for long been in the forefront of experts and teachers in the homœopathic *Materia Medica*. His practice is on the same lines as that of Hering, Lippe, and Dunham—that is to say, he is a prescriber on the strictest obtainable symptom correspondence. Therefore in this work we have something more than an easy means of finding the remedies accredited with any symptom found in a patient with all its conditions and concomitants: we have the result of the critical thought of a close prescriber brought to bear on every entry in the volume.

We do not propose in this first notice to deal exhaustively with the work, the last part of which has only just come into our hands; but we will let Dr. Kent introduce himself by reprinting his preface entire.

This only will we here add, that the very existence of such a work as this—the fact that any one is found to compile it and that there is a sufficient demand for it to make it a commercial possibility—attests the vitality of the homœopathic art as it was understood by its originator, and by those of his early disciples who followed most closely in his footsteps. Here is Dr. Kent's account of his work:—(*Here follows the preface.*)

SECOND NOTICE. (*October, 1899.*)

The proof of a repertory is in the using. We have purposely delayed our second notice of Dr. Kent's Repertory until we had had our copy bound and put to the test of daily practice. As most practitioners know, a repertory is a complicated piece of machinery at best, however ingenious the compiler may be; and the best of repertories needs the expenditure of a considerable amount of brains on the part of the user if the best results are to be obtained. Our experience of Dr. Kent's Repertory is briefly this: In the short time that it has been in our hands it has

already become the first among the general repertories to which our search is directed when in want of a medicine corresponding to a given symptom; the arrangement is more convenient than that of any other; the remedies easier to find and easier to distinguish.

In his preface, which we quoted in our June article, Dr. Kent mentioned his method of proceeding from generals to particulars. As an example of how this works out we will take the rubric "Pain" in the chapter "Head." This rubric alone occupies eighty-four pages (double column). First there is given "Pain," including "headache," not further defined. Then follow the conditions, first of time and then of circumstance, under which the pain occurs, or is aggravated or ameliorated. These are arranged alphabetically, and concomitants are also included in the category. Then we have "Pain" in each of the regions of the head, and under each region its conditions. Further each *kind* of pain is given under a subordinate heading, each again further characterized by its conditions, and further still by regions as described above. In the same way all the different sensations are given, in general first, and with conditions and localities; if specially characterized, under subordinate headings. The whole chapter on "Head" occupies 122 pages.

In the chapter on "Extremities," occupying 250 pages, Dr. Kent has followed this plan to the length of taking the upper and lower extremities under the one heading and not separately as is usually the case. The result certainly justifies the bold step. In a *Materia Medica* it is necessary to consider the two pairs of limbs separately, but even in the *Materia Medica* there are many symptoms involving both, and a subsidiary rubric, "Extremities in general," has become a necessity there. In a repertory Dr. Kent has shown that it is not merely possible but advantageous to run the two together. Under "Generalities" (79 pages) Dr. Kent includes an invaluable index of sensations, with conditions of aggravation and amelioration, and other particulars usually included under this head.

The printing of the work is exceedingly clear and easy to read; and the paper is of good quality, but unfortunately it does not take writing ink. This we think a distinct drawback. In a work of this magnitude and importance a writing paper should have been employed. As it is, the ample spaces left for additions will have to be filled in with pencil, if at all.

We cannot take leave of Dr. Kent without again tendering to him our congratulations on the completion of the work before us, and our thanks for the great assistance he has thereby given to all who wish to practice the stricter Homœopathy.

BOOKS FOR REVIEW.

BEE-LINE THERAPIA AND REPERTORY. By Stacy Jones, M. D.
Published by Boericke & Tafel. 1899. Pages, 333. Price:
Flexible Morocco, \$2.00, net; by mail, \$2.06.

The principal aim of this little book seems to be to teach
"how not to practice Homœopathy."

DISEASES OF CHILDREN. By C. Sigmund Raue, M. D. Price,
in cloth, \$3.00; by mail, \$3.22. Published by Boericke &
Tafel. Pages, 473.

This is a fairly good treatise on the feeding and management
of infants. The diseases are well described. The indications for
remedies are not what they should be, and the author shows the
marks of training in the modern school where adjuvants are con-
sidered of so much importance, but the book is worth reading.

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DR. FRIEDRICH RUMMEL.

Journal of Homœopathics

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DECEMBER, 1899.

No. 9.

DEPARTMENT OF MATERIA MEDICA.

ARSENICUM.

Lectures delivered by PROF. J. T. KENT, at the Post-Graduate School.*

LECTURE III.

The eye symptoms of this remedy are very prominent. In old cases of suppressed malaria, in broken down constitutions, in pallid, sickly people who are subject to general catarrhal conditions, and such catarrhal conditions as localize more especially in the nose and eyes, the eye symptoms will be troublesome. There are discharges of all sorts from the eyes. It may be a conjunctivitis, in a general way involving the lids and the globe, going on sometimes to ulceration with thin, bloody discharges, increasing to thick, white, acrid discharges that excoriate the eye, making the canthi red and causing granulation with burning and smarting. The burning and smarting is better from washing in cool water and also better from dry heat. Very often ulcers appear on the globe of the eye, often upon the cornea. It has various kinds of beginning hypertrophy in patches that will form scars, and in old ulcerated patches little growths similar to a pterygium growing towards the centre of the eye and threatening blindness. The inflammations are sometimes attended with a great deal of swelling, burning and excoriating discharge; this swelling is bag-like in character, and so we find "baggy" lids and little bags forming under the eyes. The face is waxy and pale, presenting the appearance of a broken down constitution.

* Stenographically reported by Dr. S. Mary Ives.

The next important region is the throat and nose. The general catarrhal state involves these parts, and it is sometimes difficult to separate the nose symptoms from the throat symptoms. The Arsenicum patient is always taking cold in the nose, always sneezing from every little change in the weather. He is always chilly and suffers from drafts, and is worse in cold, damp weather; always freezing, "frozen to the bone," as the people say; chilled through. These pale, waxy, broken down constitutions with catarrhal discharges from the nose on looking at a bright light become blind. Sneezing and coryza with inflammatory conditions through the whole nasal cavity, throat, larynx and chest. The cold begins in the nose and goes down into the throat, very often causing hoarseness with dry, tickling, hard, raspy cough. It is a difficult matter to find remedies for a coryza that begins in the nose and spreads away down into the chest with bronchial troubles; very often you require a change of remedy, as the chest symptoms often run to a different remedy. It is difficult to find a remedy that covers the symptoms of both nose and chest.

Arsenicum is the remedy for old, chronic catarrhal troubles of the nose where the nose bleeds easily, and he is always sneezing and taking cold, always chilly and pallid, tired, restless, full of anxiety in the night and has troublesome dreams. The mucous membrane is easily inflamed, producing patches of red and ulcers that bleed easily. Great crusts form in the back of the nose. There is a striking general tendency to ulcerate in Arsenicum. If it is a sore throat it ulcerates; if colds settle in the eye, they will end in ulceration; catarrhal states of the eye end in ulceration; catarrhal troubles in the nose end in ulceration; and this ulcerative tendency, this tendency to molecular death, no matter where the trouble locates, is a very strong feature of Arsenicum. It is the remedy for catarrhal complaints of the nose and other places in old broken down constitutions, in the malarial type, or in the type of constitution that has gone through blood poisoning of some kind, either poisoning from a dissecting wound, or from erysipelas or typhoid fever or other zymotic states improperly treated, or poisoning with quinine and like substances that break down the blood and establish a state of anæmia. From any of these conditions we have catarrhal states; there is a tendency for

relief to be sought in the external by means of catarrhal discharges and ulcerations. If an ulcer comes upon the leg, if a leucorrhœa comes on, if any discharge is established the patient is relieved thereby. If a bronchitis comes on, as occurs sometimes in old people, and there is a continuous throwing off and expectoration of mucus, this acts as a vent and the patient is better off. Now let some of these discharges slack up and you have a chronic state apparently from retained secretions, but it is a form of blood poisoning. So it is with suppressed ear discharges, suppressed throat discharges, suppressed leucorrhœa and ulcerations. Arsenicum is one of the medicines that will conform to the anæmic state that follows such suppression. At the present day it is fashionable to use the cautery, to make local applications to stop leucorrhœa and other discharges, and to heal up ulcers. Now, when these external troubles go there is an anæmic state established in the economy, the patient becomes waxy and pallid, sickly looking and broken down, and these catarrhal discharges come on as a means of relief because of the suppression of some other condition. For instance, since the suppression of a leucorrhœa the woman has had thick, bloody or watery discharge from the nose and she has Arsenicum symptoms; then Arsenicum will be the remedy. It is frequently suitable to the constitution when an ulcer has been dried up by salves, or an old ear discharge has been stopped by the outward application of powders. The doctor thinks he has done a mighty clever thing in stopping such discharges, but he has only succeeded in damming up secretions which are really a relief to the patient. Such medicines as *Sulphur*, *Calcarea* and Arsenicum are suitable for the catarrhal discharges that come from these suppressions, in broken down constitutions. Arsenic is also like unto the condition of things that has been brought about from the absorption of animal poisons. It goes to the very root of the evil and is one of the medicines that will ferret out the trouble, as it is similar to the strongest features of the symptoms brought on from a dissecting wound. Arsenic and *Lachesis* are medicines that will go to the cause at once and antidote the poison, establishing harmony and turning things into order.

The nose symptoms, then, of Arsenic are very troublesome and furnish an extensive part of the symptom image of an Arsenicum patient. They always take cold easily, are always sensitive to cold and the catarrh is always roused up on the slightest provocation. When an Arsenicum patient is at his best he has discharge more or less of a thick character, but when he takes a little cold it becomes thin; the thick discharge that is necessary to his comfort slacks up, and then he gets headache and on comes thirst, restlessness, anxiety and distress. This goes on to a catarrhal fever of two or three days' duration, and then the thick discharge starts up again and he feels better; all his pains and aches disappear. The physician who comes in and fills him up with medicine every time he takes these colds thinks he has done something, but he has done nothing, for the cold will soon slacken up.

In the throat, the catarrh that has come down into the throat sometimes rouses up into active, inflammatory conditions with inflammation of the tonsils. There is redness and a shrivelled condition of the mucous membrane. When there is blood poisoning going on, as in diphtheria, an exudate appears upon the mucous membrane and it becomes gray and shrivelled, ashy colored, and this sometimes covers the whole of the soft palate and the arches. It looks withered. He is prostrated, anxious, sinking, weak, not a great deal of fever but much dryness of the mouth.

The catarrhal state keeps on travelling down. It goes down into the larynx with hoarseness, and down into the trachea with burning and smarting, worse from coughing, and then comes constriction in the chest, asthmatic dyspnoea and dry, hacking cough with no expectoration. This teasing cough is attended with exhaustion and sweat; anxiety, prostration, restlessness, exhaustion and sweat, and the cough does not seem to do any good. The cough is the early part of it and keeps on as a dry, rasping, harsh cough for several days without doing any good; and then asthmatic symptoms come on, when he expectorates great quantities of thin, watery discharge. There is constriction about the chest, a great sense of tightness and wheezing, and he feels he will suffocate. Bloody mucus is expectorated at times, but the symptoms are more generally of a catarrhal character. Symptoms of pneu-

monia sometimes appear with the rusty expectoration. The expectoration is excoriating. There is in the chest a sense of burning, as if coals of fire were in the chest, and it goes on to bleeding and liver-colored expectoration.

Arsenicum is a bleeding medicine, one that predisposes to hemorrhage, and bleeding takes place from all mucous membranes; commonly of bright red blood, but in this region the parts take on a gangrenous state and the hemorrhages become black and there are little clots like portions of liver. The same are found in the vomited matter and in the stools. The expectoration is horribly offensive, so much so that you soon get the idea that there is a state of gangrene. The patient is at this time going into a state that perhaps cannot be any better described than a gangrenous pneumonic inflammation; there will be signs to indicate the inflammatory condition, and there will be the smell of the expectoration which you will detect as soon as you open the door of the room. The expectoration is a thin, watery fluid intermingled with clots. In the pan you will find this watery expectoration looking like prune juice, and in the midst of it will be clots of blood; the offensiveness is horrible. He has gone through the period of restlessness and is now prostrated, sinking, pallid, and likely enough covered with a cold sweat. Well, Arsenic looks like that; any good prescriber would say that is Arsenic.

When we come to the stomach we find everything that may be called a gastritis, vomiting of everything taken, even a teaspoonful of water, extreme irritation of the stomach, great prostration, horrible anxiety; dry mouth; a very little warm water will sometimes comfort him for a minute but soon it must come up; cold fluids are vomited immediately. The whole œsophagus is in a state of inflammation; everything burns that comes up or goes down. Vomiting of bile and blood. Extreme sensitiveness of the stomach is present; he does not want to be touched. Heat applied externally relieves, and there is temporary relief from warm drinks; the heat is pleasant and grateful. In the bowels we have a great deal of trouble; this remedy has all the symptoms we could hunt for in peritonitis; great distension of the abdomen, a tympanitic state; cannot be handled or touched, yet he

will keep his legs moving because he is so restless, or he will keep his head going or his arms moving because he is so restless; he cannot keep still, but finally he becomes so weak that exhaustion takes the place of restlessness; prostrated from head to foot. Dysentery is likely to come on, with involuntary passages of urine and fæces, one or both, with hæmorrhage from the bowels and bloody urine. As the bowels move, we get the cadaveric odor to the stool, a smell like putrid flesh. The stool is bloody, watery, brown like prune juice, or black and horribly offensive. Sometimes dysenteric in character with dreadful straining and burning at the anus; every stool burns as if it were molten lead or as though there were coals of fire in the rectum; burning in the bowels, burning all the way through. The pain in the abdomen is better from the application of hot things if not too heavy to cause weight. The tumefaction is something dreadful; the tympanitic condition is extreme. Sometimes there is a gastro-enteritis that takes on a gangrenous character that in olden times used to be talked about as gangrene of the bowel, a mortification that always ended in death. A thick, bloody discharge is passed with a horrible odor, all substances are vomited, the patient desires to be in a very warm room, wants to be well covered, wants hot applications and warm drinks, looks cadaveric and smells cadaveric, with a dry, pungent odor that penetrates everything. He must have Arsenic for this state of things; but if he wants the covers off, wants the fire out and window open, wants to be sponged with cold water, and wants ice cold drinks then he must have *Secale*. Similar conditions have similar symptoms, but you see with different modalities.

LECTURE IV.

I want to warn you against the too promiscuous use of Arsenic in the summer complaints of young babies, for dysentery and cholera infantum. It has so many little symptoms that are so common to these complaints that if you do not look out and are not warned you will be likely to give your patient Arsenic, suppress some of the symptoms, changing the aspect of the case so

that you cannot find a remedy for it and yet not cure the case with Arsenic. It is one of the worst remedies in the world to do just that kind of business with, because it has so many symptoms. There is a strong tendency to be routine and give Arsenic without a sufficient number of generals being present; *i e.*, if you give it on particulars and not on the generals of a case. This was illustrated in a recent case that I had the opportunity to observe, where a very competent physician, that is to say, so-called, but one who ignores our teaching as to generals, who pooh-poohs it, called me to a case. The patient had all the anxiety of Arsenic; it was a case of dropsy of the heart, all the restlessness of Arsenic, even the coming on about midnight of anxiety and sudden rousing up in bed, a considerable amount of prostration and a good many other symptoms that did look like Arsenic. In his presence, the first thing I asked was how long he had been running down. A couple of years. I said, what has been your custom the last few years as to your feelings in summer and winter? "Oh," he said, "I must get out of town in the summer; I go to a cool place." "How is it in the winter?" I said. "How much clothing do you need to keep you warm?" "Oh," he said, "I throw everything off; I want but little clothing. I am all bloated up and cannot have anything on my abdomen; I cannot lie on the right side at all, if I do my heart palpitates so; I jump up at midnight and I grow wild; when I knew you were coming here I almost had a fit." I called the doctor into the next room and said: "Young man, do you not know that *Argentum nitricum* is worse from warmth, better in winter time; that it has the midnight aggravation, anxiety, restlessness, all the things this patient has, and relieved by cold, cold air?"

This thing illustrates how easy it is for those that pooh-pooch these generals that in their very nature contraindicate Arsenicum to make grave mistakes; they do not know these general features; they do not pay sufficient attention to them; they go on the Guernsey keynotes. I have no doubt when Hering and Guernsey made use of all these notes they took into consideration the general modalities.

So it is that we are likely to give Arsenic in summer complaints on the little particulars and little symptoms. You will see the

little symptoms there, but when you cover the generals you will find they contraindicate Arsenic. Do not wait for somebody to come in and tell you you have made a great mistake. Do not wait until the child dies to examine the generals. Arsenic is one of the most dangerous medicines because of the numerous details it has, but the generals must be present, better from heat and worse from cold and such things, things that relate to the whole case, to the whole constitution.

This medicine is full of diarrhœa and dysenteric symptoms; in these conditions there will be the pallor, the anxiety, the cadaveric aspect and the cadaveric odors. In the dysentery there is most distressing and frequent urging to stool, scanty, slimy, black, fluid, inky stools with cadaveric smell, great prostration, restlessness and pallor. Here are piles of symptoms too numerous to go into. In the bowel troubles, in low forms of disease, the stool becomes involuntary. This is not, of course, a quality of the stool, because a stool of any character will be involuntary; it is a condition of the rectum, a relaxation of the rectum, great prostration. Involuntary stool generally indicates either local or general exhaustion, and in this remedy there is terrible exhaustion, so that there is involuntary diarrhœa in typhoid and low forms of zymotic disease; involuntary urine, too, for that matter.

Purging is sometimes present in Arsenic, but generally he does not have much purging, such as we find in *Podophyllum*, *Phos. ac.*, and a few other remedies that have copious purging, like water from a hydrant. Usually there will be little, frequent gushes, little spurts with flatus and the great exhaustion that occurs in cholera, little spurts with mucus, slimy, whitish stools. Arsenic is not so commonly indicated in cholera, *i. e.*, during the gushing period, but sometimes after the gushing is over and the vomiting and purging has passed away, leaving a state of extreme exhaustion, we have a state that appears like coma, the patient looks almost as if dead, except that he lies and breathes. We find, then, that Arsenicum will establish reaction, but during the gushing period Arsenic seldom looks like cholera, although it is quite a routine remedy, and if we had a cholera epidemic here to-day we would find the routinists running after this remedy and

giving it in the approved doses, and if it did not work they would give more of it. It is a fatal error to suppose that by giving a larger dose you can increase the quality of the medicine. That idea seems very prevalent, for we observe practitioners doing this; and they say if they do not get action from a small dose they increase it, as if an increase of dose can make the remedy similar. It is fatal to success in Homœopathy. Cholera infantum with great prostration, sinking and cadaveric appearance, great coldness, covered with cold sweat, cold extremities, cold as death; cadaveric, sickly, foul, pungent, penetrating odor in the room from the fæces and urine and even of what is vomited. The passages from the bowels are acrid, excoriating, causing redness and burning. Very often the burning extends clear up into the bowels, right up to the abdomen. The rectum and anus burn like fire, smarting all round about the passage, the anus. It has tenesmus, painful, unbearable urging, great distress in the lower bowel, in rectum and anus, terrible state of anxiety of the patient and the pain is so violent and the suffering so intense, the anguish so intense, that he can think of nothing but death; this must mean death, he says; it must mean he is going to die; the fearfulness and frightful feelings are such as he has never experienced in his life, and he feels confident these mean he is going to die, so great is his suffering. This, like all other complaints, is attended with restlessness, and when not at stool he is walking the floor, going from bed to chair and from chair to bed. He will get on the stool and then back to bed; then he is hurried to stool again, sometimes he loses it. Sometimes there is a chronic hemorrhoidal state with burning, and the hemorrhoids protrude when at stool; he is much exhausted after getting back into bed after a stool, with these protruding lumps which are like grapes and feel like coals of fire. They are hot, dry and bleeding. Fissures of the rectum that bleed, that bleed at every stool, with burning, with hardened, rough edges. All sorts of itching and eczematous eruptions about the anus with burning; burning in the anus like fire.

This kind of pain may be felt anywhere in the body; burning is characteristic of Arsenic, stitching is characteristic of Arsenic. Now, put these together and the patient often describes it as

being stuck with red hot needles all over him. This red hot sensation, which is a common feature all over, is felt at the anus, and especially when there are hemorrhoids, burning and sticking like hot needles in the hemorrhoids.

At times when a patient is coming down with the early stage of a violent attack he will have all the rigor and chill that it is possible to find in the *Materia Medica* and that can be found in disease. Rigors and chills of violent character, and at such times he describes a feeling as if the blood flowing through the vessels were ice water. He feels a rushing through the body of ice cold waves. When the fever comes on and he is intensely hot from head to foot, before the sweat has appeared, he feels that boiling water is going through the blood vessels; so these things change about. Then comes on the sweat and dyspnoea and all complaints in which he is prostrated and becomes cold. While the sweat sometimes relieves the fever and pains, yet it is prolonged and attended with great exhaustion and does not relieve his exhaustion. Many of his complaints are increased with the sweat; for instance, thirst is increased, the drinking is copious and does not relieve, it seems he cannot get enough and patients will say: "I can drink the well dry," or "Give me a bucket of water." Such things are indicative of the state of thirst. During the fever he wants little and often; during the chill he wants hot drinks.

The urinary symptoms are equally distressing as the bowel symptoms. The urine may be passed involuntarily; it is bloody, albuminous; full of various kinds of casts, such as we find in albuminous urine, but especially in acute parenchymatous nephritis, following scarlet fever, diphtheria and acute affections in general. The urine is also suppressed, or may be retained; the bladder is full of urine. There may be horrible anxiety in the region of the bladder to pass urine, or the bladder may be paralyzed and no desire to pass the urine, like *Opium*. Some paralytic state of the bladder in which the urine dribbles all the time; dribbling of urine in children.

Arsenicum is a very useful medicine in the eruptions of the genitals with burning. In little ulcers that burn, even when they are syphilitic; herpetic vesicles that appear upon the fore-skin and upon the labia; chancre or chancroid with burning,

smarting and stinging, but especially in those that are weak, that offer no willingness to heal, but that do the very opposite, that spread, those that we call phagadenic, those that eat from their outer margins, become larger and larger. Arsenic and *Merc. corr.* are the two principal medicines for spreading ulcerations, such as eat in every direction, very offensive. Such ulcerations as follow the opening of a bubo in the inguinal region where there is no tendency to heal. A little, watery, offensive discharge keeps coming and extending ulceration keeps taking place round about the opening, no tendency to heal. Or the patient has been in the hands of a surgeon who has passed his knife down the threatening suppurating bubo and it has been followed by red, angry, erysipelatous appearance and shows no tendency to heal. The edges have been removed by a process of ulceration, and now the surface has cleared off, leaving a surface the size of a dollar; sometimes taking the form of a snake and called serpiginous; will go around and almost meet itself, spreading. These ulcers are sensitive to touch and burn like fire. If in addition to that you have a poor constitutional state, you will have no trouble in curing the case with Arsenicum, but it may be *Mercury* or some other medicine. Arsenic is a wonderful medicine to go into the nature of syphilitic ulceration and affections. It has almost no ability to cope with sycotic states, although you will find sycotic states where the symptoms in particular relate very closely to Arsenic and you may be unwise enough sometimes to administer it and wonder why, when you had so many symptoms like Arsenic, Arsenic did not meet the case. Of course symptoms in particular are tremendously similar to each other, while symptoms in general and taken all together furnish us, so plainly, means to distinguish between medicines. It takes time to learn these things, but time will reveal these things sufficiently to individualize in sickness.

In the male and female sexual organs there are many symptoms of importance. In the male organs a dropsical condition, dropsy of the penis, cedematous appearance, so that the penis is enormously swollen and looks like a water bag; the scrotum, especially the skin of the scrotum, greatly swollen and humid round about the parts. In the female the labia are enormously swollen

with burning, stinging pains, hard and swollen. Erysipelatous inflammation of these organs, ulcerations of a syphilitic character; these when such symptoms as burning, smarting and stinging are present. In the female, violent, burning pains in the genitals with or without swelling, burning that extends up into the vagina, with great dryness and itching of the vagina. The leucorrhœal discharge excoriates the parts, causing itching and burning with great suffering. Whitish, watery, thin discharges that excoriate; so copious sometimes that it will run down the thighs. I have known women to describe this excoriating nature by saying that it left red streaks down the thighs, and they say they could not exist until they went and washed and bathed it off. so tenacious, so acrid is it. The Arsenicum menstrual flow is very often excoriating in character. Copious leucorrhœal flow intermixed with the menstrual flow, very profuse and very acrid. Suppressed menstruation going for months; amenorrhœa in prostrated, nervous patients, wrinkled, careworn, haggard faces. Anæmic cases. Of course, Arsenic has a wonderful reputation in the old school for anæmia, and it is said to be as good as Ferrum for anæmia; Ferrum and Arsenic are the strong drugs for anæmia, so that it is not to be wondered at that these pallid mortals find benefit from Arsenic. "During menstruation, stitches in the rectum," etc., etc. "Leucorrhœa acrid, corroding, thick and yellow," etc. I think I have gone all over that state. After parturition the woman does not pass the urine; no urine in the bladder; suppression, or the bladder is full and it does not pass. In connection with this subject you will find *Causticum* the most frequently indicated remedy when you go back, and the woman has not passed the urine and it is time that she should; you will frequently find it indicated when you have no other symptoms to go on. *Aconite* will be more frequently indicated than any other remedy if the child has not passed the urine for a long time. *i. e.*, in a new-born baby. This is keynote practice and is to be condemned when there are other symptoms to indicate a remedy. If there are no other symptoms study *Aconite* and *Causticum* and see if there is any reason why they should not be given. Another feature in connection with the woman; Arsenic is a wonderful palliative in her cancerous affections, such as occur in

the uterus and mammary glands. Burning, stinging pains have entirely disappeared, in incurable cases, of course. It becomes one of the palliatives that you can resort to.

Arsenic has loss of voice, laryngitis, with dry teasing cough; a cough that does not seem to do any good; hacking constantly, dry, hacking cough. Study its relation to asthma and difficult breathing, dyspnoea. Arsenic has cured some long-standing cases of asthma of a nervous character; asthma that comes on after midnight, in patients who suffer from the cold, those who are very pallid, dry wheezing cough, must sit up in bed and hold the chest, anxious restlessness with prostration, the lung diseased from decarbonization.

The heart symptoms are troublesome ones to manage when they get to be like Arsenic; the symptoms correspond to a state of great weakness, great palpitation, palpitation from the least exertion or excitement, great anxiety, anguish, weakness; he cannot walk, he cannot go up stairs, he cannot think, he can hardly move without increasing the palpitation; every excitement brings on palpitation. "Severe paroxysms of palpitation or attacks of syncope during endocarditis." Arsenicum corresponds to most serious complaints of the heart, corresponds to many of the incurable complaints of the heart; *i. e.*, when you see Arsenic corresponding in all of the symptoms with these marked cardiac affections, dropsy of the pericardium, etc., you have a class of cases that are very serious; many of them will not recover. "Angina pectoris," etc. "Rheumatism affecting the heart," etc. "Hydropericardium with great irritability," etc. "Pulse frequent, small, trembling." "Pulsation through whole body," etc., etc. Again this goes on to another state when the heart becomes weak, pulse thread-like, patient pale and cold, covered with sweat, pulse very feeble. When this is not a state of the heart itself then Arsenic becomes a wonderful remedy; that is, it is capable of cure. When the heart itself gets into this state, so weak, the patient is very often near death; *i. e.*, if the trouble has ultimated in organic heart disease the patient is near death. If there is no organic heart disease and the patient himself is prostrated from the cause of the weakness then the case is curable, but if the trouble has ultimated in the heart and you have

these symptoms Arsenic will not cure; make a distinction always between symptoms that point to an organic state and symptoms that point to the patient; *i. e.*, the symptoms that point to the patient are the symptoms felt upon the surface without ultimates of diseases, the symptoms that apply to ultimates are those that are felt in broken down tissue, in cardiac affections, in diseased organs and tissues. To illustrate it in this way, suppose a woman has a lump in the breast, the size of your fist, and she says it burns like fire and is hard as stone, etc., you do not hesitate long in saying that that is malignant. That is not a symptom of the patient, but if there is no pathological state there and the breast is full, is normal and yet she says it burns like fire you see what a difference there is in the progress of the symptoms. So, in the heart. If there is organic disease of the heart with all the pathological symptoms and disturbances that you would expect and from the symptoms you suspect this disease of the heart and verify your suspicion by a physical examination, these symptoms are not so easily cured as those that cannot be accounted for at all and are only sensations and symptoms of the man himself. This is all equally true of organic symptoms anywhere in the body, lungs, kidneys, etc. Organic symptoms must be separated from those that are signs of the general state of the patient himself. So that when you prescribe your remedy for symptoms that proceed from organic states you need not expect the instantaneous action of your remedy, because that is not the aim of your remedy, it is directed towards relieving those things that relate to the patient himself. If you always bear this in mind you will not go to organic troubles with remedies in hand expecting to cure the patient. Now, if you prescribe for the sensations that are common to cancer you may relieve the sensations, the burning, stinging and rending, and leave the patient in the same shape that he was when he got the cancer without even meddling with the symptoms of the patient, as if the remedy spent itself upon the cancer symptoms and not upon the symptoms of the patient. But if you want to relieve the patient, you must regard the symptoms of the cancer as secondary and go back and get the symptoms that belong to the patient, and prescribe for them as they are prior to this state and these are de-

pendent upon them. So we must prescribe for beginnings, and many times such a remedy will most astonishingly relieve burning of the cancer although it never produced burning and stinging, because it is aimed at the symptoms of the patient. So do not prescribe your remedies upon pathological results. Men who do this only mitigate the symptoms that are in the pathological state. Always aim your remedies at the patient. Hahnemann says the sole duty of the physician is to heal the patient, the sick.

I want to say a few things concerning some essentials, some few things most general to the Arsenicum type of intermittent. You can read the general state of intermittent fever and fevers generally and apply what has been said. Arsenic has all the violence of the chill that you can find in any remedy, with excitement, headache, prostration, dry mouth, desire for hot drinks and to be covered up warmly, with all the anxious restlessness and prostration that you can find in any medicine; but the time of the Arsenic case is an important thing. A striking feature of the Arsenic time of chill is its irregularity, coming at no two times alike, coming at any time. It has afternoon chill and after midnight chill, sometimes in the morning, sometimes at 3 or 4 P. M., sometimes at 1 P. M. It has, of course, a striking periodicity in its nature. Hence it has an intermittent nature. It has a striking feature of thirst. During the chill, while there is sometimes great thirst, he has aversion to cold things, hence can take only hot drinks, hot teas, etc. During the fever the thirst increases because he has dry mouth, and he drinks little and often, just a teaspoonful to wet his dry mouth. Water does not quench his thirst, for he wants but a teaspoonful, little and often. This runs on into the sweat with prostration, increased coldness, desire for copious drinks; unquenchable thirst for cold drinks. The chill is attended with great amount of aching in the bones, likely to commence in the extremities, and during the chill there is a great amount of head congestion with purple fingers and toes. Put these things together and the prostration that occurs with the awful anxiety, and you can most always in a general way pick out the Arsenic case. But it has so many details in its chill, fever and sweat that if you take the details of symptoms and leave these general features out you will be likely to be able to cover

almost any case of chills; *i. e.*, you may think you will, but unless some of these general states are present that stamp it as Arsenic you will fail. It is one thing to stamp the whole case as Arsenic and another thing to say that these are Arsenicum symptoms. So it is with China and Quinine; they have numerous particular symptoms, and yet to make the case a China or Quinine case the striking general features must be present.

A SULPHUR PRESCRIPTION.

Dear Doctor :—I want to tell you about a case of mine that illustrates the action of a remedy in more respects than one.

Last June a year; *i. e.*, June, '98, Mr. J. D. Z., a man of about 43 years, came to me for treatment. Questioning developed the following history: "About two years ago was an ardent bicyclist—rode a great deal. One morning while putting up a window blind he slipped and fell, striking a small chair, the post of which struck him on the perineum. A soreness soon developed and an abscess formed. Through the application of electricity, however, the abscess never opened, but became encapsulated, as it were. As a result a small tumor, about the size of a quarter of a dollar, formed about one inch to the left side of the anus, and slightly posterior to the anus. This tumor became irritated from his sitting at the desk and would inflame and increase to nearly twice its natural size.

It was to have this condition relieved that he applied for treatment. I questioned him closely, but he seemed perfectly well in every other respect, except a constantly coated tongue. I gave him Sulph. 1m., 1 dose. The soreness disappeared, but the tumor remained about its usual size. I gave him Sac. lac. till November (when I was taken sick with diphtheria), when he discontinued the treatment. He suffered no inconvenience whatever from soreness, only from the presence of the tumor. In April, '99, he applied to me for treatment for a severe attack of tonsillitis. This required a different remedy; so when he was thoroughly recovered from it I thought it would be the proper thing to continue the action of the Sulph., so gave him Sulph.

81m., 1 dose, telling him it was to put his system in better condition. I heard nothing from him for three weeks, at the end of which time, however, he came to me in a state of great alarm, saying that the tumor had suddenly enlarged and was discharging pus. Could it be possible? I examined him and found it true. At first I feared that a fistula had formed, connecting with the rectum internally; but knowing the tendency of Sulph. I realized that it had set up the suppuration and would no doubt get rid of the tumor in that way, so I quieted the patient's fears and fed him religiously on Sac. lac. In October the suppurating process seemed to have become a little sluggish, so I gave him Sulph. 81m., 1 dose, and at this time the tumor has entirely disappeared and the opening has healed. No one can tell where the tumor was except by a slight scar at the end of suppurating sinus.

Now what did the Sulph. do? It suppurated out a pus sac and its contents, which had become encysted and was practically a foreign body and had given this man trouble for years. I can now see why it is a fatal mistake to give Sulph. or Silic. after Calc. has acted curatively in tubercular disease of the lungs.

Another point that was brought out was that Sulph. 1m. was not deep enough in its action to set up a suppuration, and acted curatively only up to a certain point, being practically a palliative. These facts would seem to indicate that when "depth of action" is required in the cure of a disease it is better to "go higher" than to come down to materialism and mother tincture. It is very nice to read of cures made by others, but it is much more *satisfactory* to make them yourself. I will tell you of some other fine cures made by a single dose of "nothing" (?), so our *very wise* brethren say.

Your friend,

M. M. FLEAGLE, M. D.

Hanover, Pa.

BACK NUMBERS. Fifty-five lectures on Materia Medica and twenty-nine lectures on Homœopathics have now appeared in the JOURNAL. These will form quite a text book for students and recent graduates. Back numbers from Vol. I., No. 1, can be supplied. New subscribers taking the back numbers will get the reduced rate of \$5.00 for the three years.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.*

LECTURE XXIX.

§117 The study of the *idiosyncrasies* is very closely related to Homœopathy. The usual explanation of the term is, an oversensitiveness to one thing or a few things. It does not apply to that general susceptibility in feeble constitutions where patients are susceptible to all things, over-susceptible and over-impressed by simple annoyances. In the old school idiosyncrasies relate to certain patients who are known in every practitioner's practice as oversensitives. One oversensitive cannot take Opium for his pains, because of the congestion it produces, because of dangerous symptoms; he is over-sensitive to it and has complications from a very small dose even, and the physician is compelled not to administer it. Another patient cannot tolerate Quinine in chills and fever; the primary action of Quinine makes him alarmingly sick; whereas another individual may take 15 grains. One who has an idiosyncrasy to Quinine cannot take one-quarter of a grain without having an over-action of that drug—a state of quinism. The homœopath recognizes a wide range in susceptibility, including things that the allopath is not acquainted with. There may be a chronic idiosyncrasy from a chronic miasm and an acute idiosyncrasy from an acute miasm. There are certain individuals in every community that cannot ride in the country because of their susceptibility to hay fever; others cannot bear the smell of flowers in the room because of becoming sick; some will get sick from the smell of roses. I have known a number of patients who became sick in this way. It is com-

* Stenographically reported by Dr. S. Mary Ives.

mon enough and the sickness is known by the name of rose cold or rose fever. I have a patient who cannot have dry lavender flowers in the house without coming down with coryza. She is disturbed by two or three things in this way, and will go looking about to see which one of those things is in the house. I had another patient who could not have peaches in the room without becoming sick; one of the symptoms that he had was diarrhœa. This oversensitivity is very important and it explains in a measure the susceptibility to the remedy that will cure. If an idiosyncrasy to the remedy is not present, the patient will not be susceptible enough to be cured. The state in which he becomes sensitive enough to a drug to cure him, is very analogous to these idiosyncrasies above mentioned. Think what susceptibility man must have to the remedy that cures him, when it cures in the very high attenuations that we use.

There are acquired idiosyncrasies and idiosyncrasies that are born with a patient. Those that are congenital and those that come from poisons are most difficult to cure. In *Rhus tox.* poisoning those that have once been affected by handling it are so sensitive to it, that if they go within a quarter of a mile of the vine, though they cannot detect it with the nose, yet in a few days they will come down with a case of *Rhus* poisoning. A very high potency of *Rhus* will sometimes remove that susceptibility and a dose of *Rhus* cm. or mm. will often check the acute poisoning from *Rhus*, but if you find that the patient has been born with a sensitivity to *Rhus*, while *Rhus* may palliate a few times, it will finally cease to help him. When one is born with this sensitivity it is very tenacious and will sometimes persist, in spite of our best endeavors, to the end of life. If eradicated at all, it requires an antipsoric to get to the bottom of it. Hay fever is brought on in the fall and is supposed to be caused by the patient's over-sensitiveness to irritants that develop about that time; sometimes it is attributed to the hay that is curing in the fields at that time, sometimes to the different weeds that grow up then. Such patients have often been able to ferret out the thing that they are susceptible to. But psora is at the bottom of all these troubles. Patients getting up from typhoid fever have often idiosyncrasies, and the chronic miasms are responsible for these.

just as psora is prior to the sore eyes from scarlet fever. Sequelæ, are miasmatic, they are simply the outcroppings of chronic miasms.

There are persons who are sensitive not merely to one or a few things, but to all things; oversensitive to the high potencies, oversensitive in taste, oversensitive to light, and a great many other things. This is a constitutional state; the patient is born with it. There are persons in whom you will see the sensitiveness only when you go away from the plane of nutrition into the plane of dynamics. You will see for instance patients who will sit at the table and crave common salt; want lots of salt upon their food, and never seem able to get just exactly what they need. They eat plenty of common salt and remain sick, growing thinner all the time. This is on the nutritive plane; the crude common salt is taken with the food. Now, you administer the cm. to such a patient, and it makes that patient sick, producing a violent aggravation. This is an instance where a food sustains a curative relation upon a higher plane. We step out of the nutritive plane into the plane of dynamics, the plane of disease-cause and cure. Take Calcarea as another instance. We see the allopath and crude medicine man give to certain babies, that are slow in forming bone and teeth and have open fontanelles, lime water in milk, and the more lime water he gives them, the less bone they make. Here is a bone-salt inanition, a non assimilation of lime. A dose of Calcarea very high will enable that child to take all the lime that it needs from the food that it eats. The remedy given on the dynamic plane, causes a digestion and assimilation of the lime naturally present in the food. You may feed lime in crude form, and no benefit ever come; the child goes on withering and emaciating. In such patients the symptoms of Calcarea or Natrum mur. appear, calling the attention of the intelligent physician to the fact that the child needs Calcarea or Natrum mur. We know very well that we do not build bone with the cm. potency of lime; it simply corrects internal disorder and causes the outward forms of the body to flow into order. The turning into order of the internal, establishes the nutritive principle from the internal to the external. So that we can see the wider range that idio-

sympathy or susceptibility has in homœopathy. Now, here we might coin a word, viz :—homœopathicity ; what does it mean ? Homœopathicity is the relation between the homœopathic remedy and the patient who has been cured. When the homœopathic remedy has acted properly, when it has cured the patient, it has demonstrated that it was homœopathically related to the case ; so that the relation, when it was sustained, may be called the homœopathicity, and it is demonstrated by administering the remedy. It is true that we can have what would be called a normal homœopathicity, a normal state, and that state exaggerated. That state exaggerated is where that patient is oversensitive to the curative remedy, and it not only establishes a curative relation, but before curing produces an exaggeration of the symptoms of the patient. A remedy demonstrates its similitude to a case by curing. Homœopathic physicians use the word *simillimum*. The *simillimum* might be called that remedy that has cured the patient, but in advance of curing that case it is only what *appears* to be the most similar ; a medicine cannot be called the *simillimum* until it has cured.

It is worthy of consideration to discover the difference between a poison taken upon the nutritive plane, that is in crude substance, and a poison taken upon the dynamic plane. A poison upon the nutritive plane is usually not very deep, is more superficial, it relates more to external things, to the body and tissues, while the poison taken upon the dynamic plane may last a life time. The miasms are of such a character. Poison taken upon the nutritive plane *may* bring about a life-long effect upon an individual, owing to susceptibility. The small doses of Arsenicum will establish an Arsenicum poisoning that will last a life time, but this is nowhere so deep as will be represented by the higher potencies of Arsenicum. To poison a patient with the higher potencies there is generally required something of susceptibility, while to poison patients upon the nutritive plane susceptibility is not required ; any patient can be brought under the influence of a poison given upon the nutritive plane. Again, there is a difference. Substances that are inert and substances that we can use as food on the nutritive plane may become poisonous upon the dynamic plane to those that are susceptible. So

that there is no substance that may not be a poison in the higher and highest potencies. This gives us a distinction between crude and dynamic poisons that you will do well to think about. Now we are led to see that if there were no state of susceptibility, no such condition as idiosyncrasy, there could be no homœopathy. If there were no susceptibility, there would be no sickness and no need of homœopathy. But susceptibility underlies all contagion and all cure. So that cause and cure, the cause of sickness and the cure of sickness, knock at the same door. They flow in in the same way because of the immaterial or simple substance. All disease is in primitive substance, or first substance; all cure of disease must also be in simple substance. In olden times we used to think that all substances capable of extinguishing the vital force, or which overcame the vital force, were poisons; that in itself is a crude idea of a poison. Any substance capable of impressing itself upon the economy of man sufficiently to cause death, or to create a disorder in the economy, may be called a poison. That definition will apply to both dynamic and crude poisons. Poisons presents two problems: an external problem and an internal problem. The external deals with the question of quantity, the internal with the question of quality. A dynamis cannot be considered from the standpoint of weights and measures, but from quality. Crude substances are considered from the standpoint of quantity, from weights and measures.

This is only a beginning to set you thinking. This subject leads into the study of protection as well. There are two forms of protection from sickness. Man is protected from sickness in two ways, by Homœopathy and by use. The physician and the nurse who go into the district of yellow fever or typhoid or diphtheria or small-pox, who keep busy, who have, in the highest sense of the word, the true love of the use, who have gone into the work as mediums of mercy, will largely be protected just simply from their love of the work, from their delight in it. They have no fear. Fear is an overwhelming cause of sickness; those who fall prey to fear are likely to become sick, but those who face disease with no fear, are likely to remain well; they do sometimes fall sick, it is true, but I believe it is because they begin to have fear in the work. The other and greater prophy-

lactic is the homœopathic remedy. When you have been working in an epidemic for a few weeks, you will find perhaps that half-a-dozen remedies are daily indicated and one of these in a larger number of cases than any other. This one remedy seems to be the best suited to the general nature of the sickness. Now you will find that for prophylaxis there is required a less degree of similitude than is necessary for curing. A remedy will not have to be so similar to prevent disease as to cure it, and these remedies in daily use will enable you to prevent a large number of people from becoming sick. We must look to Homœopathy for our protection as well as for our cure.

FRIEDRICH JACOB RUMMEL.

Friedrich Jacob Rummel was born April 26, 1793, in Lauchstædt, where his father was merchant and deputy postmaster. He received his preparatory training for the university in the Monastery school at Rossleben and after its completion in 1812 he went to the university to study medicine. After having pursued these studies for one year at Halle and three-fourths of a year at Leipsic, he followed (after the battle of Leipsic) the call to the Saxon people to take part in the war for the liberation of the German fatherland, and he entered among the volunteers, but later on as there was a lack of military surgeons he was employed on account of his qualifications as company surgeon in another detachment of troops. After the peace of Paris he left the military service and went to Gœttingen to complete his academic studies. He was promoted in 1815 as Doctor of Medicine and Surgery and having received his diploma as physician and obstetrician after the State examination at Berlin he settled in the city of Merseberg where he soon found ample occupation.

While practising the old system of medicine at Merseberg he was near Stapf and such of his patients as were not cured went to seek aid from the celebrated homœopathist of Naumburg from whom many obtained the aid that the old method had failed to give. Rummel, excellent man, of great honesty, of true heart and lofty intellect, waited upon Stapf to study his system of medi-

cine; he yielded step by step to the clinical results and from being an opponent was changed into a friend of Homœopathy. He at once devoted himself to it with the warmth and zeal of a man true to his calling and free from prejudice, seeking but for light and truth. Through the intervention of Stapf he came into close relations with the founder of Homœopathy and became a member of the small circle of young physicians who with Hahnemann, and under his direction, formed the first Provers' Union, to which we all owe the pure *Materia Medica*. In 1832 he in conjunction with Gross and Hartmann founded the *Allgemeine Homœopathische Zeitung* and furnished very many excellent articles for it. In June, 1833 he followed a call to Madgeburg, where he was assailed and frequently maligned and persecuted by the numerous enemies of Homœopathy, but nevertheless he continued to gain more and more friends and adherents to Homœopathy and also vindication from the assaults of his opponents and finally compelled even these to respect him. He introduced several young men to Homœopathy and in 1834 in conjunction with Muhlenbein he founded the North German Provincial Homœopathic Union. In the years 1836 and 1845 he was president of the Central Society and always exercised a beneficent influence through his friendly fellowship, his practical tact and mediating toleration.

Besides this he was restlessly at work to secure for Homœopathy the recognition of the State and he contributed with equal zeal to secure for homœopathic physicians in Prussia the right of dispensing their own medicines. In consequence he was chosen in Madgeburg a member of the committee for examining homœopathic physicians who desired to acquire the authority to dispense their new medicines. His honest efforts were also recognized on the part of the State as he was appointed in 1846, as Royal Sanitary Counsellor. To his energetic efforts the monument of Hahnemann at Leipsic owes its existence and he was also the originator of the "Hahnemann Fund" controlled by the Central Society out of which prizes were awarded for the best essay on pharmacodynamics.

Rummel died of typhus fever October 10th, 1854, on the first anniversary of the day on which his friend and fellow editor, Dr. Hartmann, died. [Extracted from Dr. Bradford's *Pioneers of Homœopathy*.]

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

CLINICAL CASES.

GEO. M. COOPER, M. D., H. M., Philadelphia, Pa.

I. MARASMUS.

Many wonderful cures are made by *Lycopodium* in that group of symptoms known as Marasmus. It suits children whose muscular development has suffered, but who have a well-rounded head containing an active brain. They are keenly sensitive to surroundings; quickly excited to anger; easily frightened; over-sensitive to pain; startled at the least noise; afraid of the shadows and phantoms that appear in the evening.

The emaciation, similar to that of *Natrum mur.* and directly contrary to that of *Abrotanum*, travels from above downwards; the neck and chest become very thin, while the abdomen is distended and the limbs swollen.

(1.) F. H——, age 13 months, was brought in by her mother on October 11th, 1899. The little thing had been wasting away until its scrawny neck would hardly hold its head on its shoulders. Dr. X., a homœopath (?), had been consulted three weeks before, but baby was no better. It kept up a loud, continued, irritable cry and seemed only better when carried about, particularly in the open air. It cried until it got stiff and would "straighten out," and cried when it was washed. The spells were always worse after sleep.

Other symptoms were, rubs nose and eyes; white blisters within lips; used to belch very much; offensive, watery stool, at night or early in morning.

One dose of *Lycopodium* 200 was followed the same evening by five thin stools, accompanied by crying and kicking. All the other symptoms then ceased and the child got down on the floor and was able to enjoy itself as other children do.

On October 28th the child was brought back on account of constipation for a few days. Another dose of *Lycopodium* 200 removed this and the last report was that the child was well and learning to walk.

(2.) N. R., age 8 weeks, had been emaciating since born; he was constipated, having an occasional green stool under the influence of a soap injection. Much gas formed in his stomach and intestinal tract, which was brought up in loud belching and also passed through the rectum. One dose of *Arg. nitr.* 40 m. on November 3d, '98, caused some slight improvement. The mother persisted in using the soap injections which led to an early repetition of the *Argentum* on November 21, with the hope that if its action was not interrupted by the injections more improvement would be noted.

I was called in great haste at 11 P. M. December 14th and found that the baby had suddenly and rapidly emaciated; the face had taken on a withered, old look; the skin over the whole body was dry and drawn; the hands and feet were cold and the mother thought the baby dying. No stool had passed for six days. During the week past the baby had been ravenously hungry. *Natrum mur.* 1m. was followed by a stool the same night and the baby improved so much that by December 28 it was brought to the office. At intervals of one month for three months the *Natr. mur.* 1 m. had to be repeated, and at the end of that time he was in excellent health, having four stools a week.

July 19 he was brought again with whooping cough; cough aggravated after midnight; blue face with cough; vomiting with cough; wind passes from abdomen with cough. At this time the child weighed 16½ pounds and had cut eight teeth. *Drosera* 1 m. cured the cough in a very short time.

II. RHUS TOX.—PALLIATION.

Homœopathy affords much palliative relief in cases where organic changes have gone on to such an extent that complete restoration of organs is impossible.

On October 4th, 1899, on visiting the house of Mrs. H., I found that she had suffered many years from rheumatism, with the heart trouble that usually accompanies such cases when improperly treated. Six weeks before my visit she had taken a severe cold from getting her feet wet, and during the past week she had aggravated her sufferings by moving into a damp, cold house; she had lost much flesh and was very weak, being scarcely able to walk. Her appetite was entirely gone, a little oat meal gruel being her only food. A constant dry, strangling cough, with no expectoration troubled her all the time, but it was especially aggravated from 2 P. M. until bed time; also aggravated from inhaling dust or drinking. Her respiration was labored; the heart sounds could not be separated; the pulsations were very irregular both as to time and strength. The urine was frequent, brown, offensive and painful to void. Offensive night sweats had troubled her some time before, but they had ceased. She was chilly and very sensitive to the damp. *Rhus tox.* 200 brought back the night sweats, which drenched the bed as soon as she fell asleep; they were horribly offensive and continued for one week, then gradually subsided. Relief was brought to the other symptoms; her appetite returned, the cough almost ceased and the urine became normal. She is now able to do her own housework and is feeling better than she has done for a year. Her heart is irreparably damaged; she understands this, but at the same time is very grateful to Homœopathy for restoring her to her home and family to live in comfort for a short time at least.

III. NATRUM SULPH.—CHRONIC DIARRHŒA.

Patients often overlook complaints from which they have long been accustomed to suffer, and without careful questioning by the physician valuable and leading features will be withheld, so that no complete image of the sickness is visible.

Miss A. C., age 21 years, consulted me April 8th, 1899, for a "cold in the head" from which she suffered two months. Further case-taking failed to reveal anything but nondescript headaches, which she was in the habit of drugging. Her appetite was good, craving pickles and sour things. She was lachrymose and disliked warm clothing.

She wanted the catarrh cured, as that was the disagreeable feature. Finally she spoke of a chronic diarrhoea which she had had ever since a child and long ago had ceased to think of it as curable or even as anything abnormal.

Bowels, loose since a child.

when they get too bad takes "capsules" to check them.

about ten thin stools a day.

< after getting warm riding a wheel.

< when catches cold.

< in morning.

< wet weather.

< before menses.

< day after bathing.

Natr. sulph. 52 m. Desire urgent.

April 22. Nose bleed.

generally does this each spring.

few days before menses.

blood dark, scanty.

Menses about due.

Sac. lac. Bowels average six stools daily.

May 6. Menses April 24.

Bowels worse.

Natr. sulph. 52 m.

June 3. Bowels average four stools daily.

Nose bleed; profuse this week.

when gets real warm.

turns head suddenly.

Some return of symptoms lately.

Natr. sul. 52 m.

July 31. Not so well.

Natr. sul. c.m.

No more complaints; bowels normal.

THE CULT OF THE MICROBE.

BY R. E. DUDGON, M. D.

The last decades of the expiring century will be memorable for the rise and spread of the strangest pathological doctrine that has ever appeared in the history of medicine, which abounds in strange pathological doctrines—I mean the doctrine that ascribes the cause of many diseases to the invasion of the body by pathogenic micro-organisms, which constitutes what is called the science of bacteriology. These micro-organisms are so minute as to require very high microscopic powers, assisted by ingenious methods of coloration, for their detection. They are very various in shape, but all seem to be endowed with the power of multiplying themselves with extreme rapidity under favorable conditions. The micro-organisms to which many diseases and morbid processes are supposed to owe their origin have been indicated, described and pictured, and it has been found possible to cultivate them in appropriate media such as agar, jelly, broth, blood serum, slices of potato and other things. The literature of this new science is already immense. Books illustrated with beautiful colored plates have been published, and our medical periodicals teem with articles on this fascinating subject. The difficulties attending the study are so great that a special education is required to make a competent bacteriologist. Almost every hospital and every medical school has its professional bacteriologist, who devotes himself almost entirely to the investigation and cultivation of these supposed causes of various diseases. And yet with all their researches they are not yet agreed whether the tiny microbes belong to the animal or vegetable kingdom. Zoölogists and botanists seem equally unwilling to include them among the subjects of their respective branches of natural history. The general public regard them with aversion and make themselves miserable lest they should be surreptitiously attacked by these powerful but invisible enemies, many not daring to drink a glass of water or a cup of milk without having them well boiled or sterilized in order to destroy the dreaded foe. The dis-

covery that every person's mouth harbors some dozens of different kinds of microbes in immense numbers has led some hysterical microbephobes to denounce kissing as a dangerous pastime that should be put down by the strong hand of the law, like cock-fighting or bull-baiting; though the law still enjoins the kissing of the book which has been slavered over by hundreds of more or less dirty witnesses.

If the microbe theory has been a terror to the non-medical world, it has been to many medical practitioners a source of infinite trouble and annoyance. Believing no more in the power of microbes to cause disease than in that of mites to cause the decay of cheese, and convinced of the utter inutility of bacteriology to afford the slightest assistance in the treatment and cure of disease, they had yet to learn the jargon of the pretended science for fear of seeming deficient in the knowledge of what its numerous adherents deem the perfection of pathological science. But they felt that their remonstrances against what they believed to be a monstrous error would be powerless in face of the accepted creed of the vast majority of the profession. Unless some conspicuous and influential member of the profession should expose the folly and futility of the doctrine, it seemed hopeless to expect any impression would be made by the arguments of undistinguished medical men on the prevalent creed, supported as it was by many of the great, wise and eminent physicians and surgeons at home and abroad.

It is therefore a great satisfaction to all who are weary of the doctrine of the microbic origin of disease to find that their views have found an able exponent in the person of one of the foremost and most successful gynecological surgeons of the day: to wit, Dr. Granville Bantock, who, at a meeting of the British Gynecological Society in March of this year, read a paper on "The Modern Doctrine of Bacteriology or the Germ Theory of Disease," in which he attacked with singular ability and logical force this modern perversion of pathological science.

In the beginning of the eighties Dr. Bantock, after prolonged inquiries and experiments, combated the immensely popular views of Lister on the prevalence of disease germs in the air and his plan for their extermination by means of his famous carbolic

spray. I need hardly remind my readers that Lister's views and practice were received and adopted with enthusiasm in every part of the world; in Austria, Germany, and Russia medical men and midwives were criminally prosecuted for neglecting to use Listerian antiseptics in their practice. Lister obtained the most fulsome adulation from every quarter. He was made a baronet, and though his ridiculous proposal to get rid of imaginary disease-germs in the air by means of his carbolic-spray machine has long since been discarded by the whole profession and by its lucky inventor its early fame still adheres to him, and the present Government, wishing to do honor to the medical profession, could think of no worthier recipient of a peerage than the discredited author of a ridiculous and useless if not injurious plan for killing imaginary disease-germs. Dr. Bantock's opposition to Lister's method and views was deeply resented by the partisans of the latter, who black-balled him twice when he was proposed by some of the most eminent representatives of the medical profession as a candidate for membership of the Medical and Chirurgical Society. He had his revenge, however, when, elected President of the Gynecological Society in 1887, he delivered a scathing criticism of Listerism which contributed greatly to the complete overthrow of that delusion. In opposition to Listerism Dr. Bantock has always been the zealous advocate of cleanliness, as the one thing needful for success, in surgical operations. When Virchow last year delivered an address at the Charing Cross Hospital, with Lord Lister in the chair, he erroneously gave the noble chairman the credit of having been the first to recommend cleanliness in all surgical operations, whereby, he said, thousands of lives had been saved, and Lord Lister, who had never done anything of the sort, coolly accepted the implied compliment as though he were fully entitled to it. Dr. Bantock's present paper abounds in facts and observations which prove that "the presence of these micro-organisms is the result and not the cause of disease—in other words, that the bacilli are found in association with the disease because of disease, or that the disease furnishes the conditions necessary for the presence of the special micro-organism."

It would be wrong to assert that there is any general consensus

among those who contend for the pathogenic property of the micro-organisms with regard to the precise part they play in the production of disease. Some consider them to be disease germs, each species when planted in the soil of the body bringing forth its peculiar disease, as seeds planted in the soil of the earth develop into their respective plants. Others contend that they cause disease by a sort of fermentation. Others again, like Lister in his Liverpool address, assert that "secretions of bacteria possess poisonous qualities of astonishing intensity," and cause disease by the toxic action of their secretions. It is surely overstepping the limits of conventional pathological absurdity to credit organless microbes with the secretion of poisonous matter on which they live, in which they multiply and with which they infect their unsuspecting hosts. But all who denominate microbes "pathogenic" thereby imply that in some way they are the generators of disease. As, however, many cases of diseases credited with these peculiar pathogenic micro-organisms are met with where the specific germ cannot be found, the advocates of the germ-theory boldly assert that the bacterium was "undoubtedly present, though the bacteriologists were unable to find it," forgetting the familiar adage, "*de non apparentibus et non existentibus eadem est ratio.*" Again, it is well known that all the mucous orifices of the body even of healthy persons swarm with pathogenic bacteria of many descriptions, some of these being of the supposed most virulent character. Why these do not constantly cause their peculiar diseases was accounted for by the presence in the body of Metchnikoff's wonderful phagocytes (the leucocytes of physiologists), which gobbled up all pathogenic organisms, and thus preserved the body from their attacks. Other observers have asserted that the phagocytes do not devour the microbes, but are devoured by the latter. Perhaps, like the inhabitants of the Scilly Islands, who are said to derive a precarious livelihood by taking in one another's washing, the phagocytes and microbes support their feeble existence by living on one another. Metchnikoff's phagocyte doctrine, on its first appearance, immediately received the enthusiastic adherence of Lister, who is always ready to adopt every new pathological fad. Needless to say it is now almost universally discredited, like all the other fads our only

peer has taken under his noble patronage, such as Pasteur's inoculations for the prevention of hydrophobia, Koch's cure for tuberculosis, Copeman's supposed discovery of the bacillus variola, the alleged propagation of plague by rats, etc. Evidently the representative of the medical profession in the House of Lords has mistaken his profession; as he is so invariably wrong in his appreciations and prophecies, he would have made a first-rate weather prophet.

Dr. Bantock relates many facts in disproof of the disease-producing power of the microbes. The *staphylococcus pyogenes aureus*, as its name implies, is supposed to be the cause of supuration. Dr. George Stoker, who has given much time to the treatment of chronic ulcers by means of oxygen gas, had an old woman under his care who had been bedridden for many years with two large ulcers, one on each instep, both precisely alike in form and extent. One of these he treated with corrosive sublimate, the other with oxygen gas. In a short time the former looked cleaner, but had an ashy grey appearance, and showed very little sign of healing; the latter presented a healthy granulating surface with a good margin already healed over. A bacteriologist found that the unhealthy ulcer was "sterile," that is, had no organisms, whereas the healing ulcer had a copious crop of the pyogenic *staphylococcus*. Dr. Stoker said, at the discussion following Dr. Bantock's paper, that "he had made observations on 250 cases of ulcers, and in all rapidity of healing was in proportion to the presence of *staphylococci*," so that this micro-organism in place of being pathogenic was proved to be necessary to the healing process. The vaginal secretion of a healthy woman was found to contain quantities of *staphylococcus* and *streptococcus pyogenes*. I have related elsewhere (*Abolitionist*, No. 1) how Dr. Menge introduced into the vagina of thirty-five women and many infants quantities of cultivations of *staphylococci*, *streptococci*, and other virulent bacteria, without any bad effect. Doederlein accounts for the immunity enjoyed by women when pyogenic bacteria are introduced into them in this manner by asserting that the vagina is inhabited by a bacillus which, like Metchnikoff's phagocytes, destroys all pathogenic bacteria. It is easier to believe that the bacteria are harmless necessary organisms.

Diphtheria is said to owe its origin to a special microbe called the *Klebs-Loeffler bacillus*. It was asserted that no case could be considered true diphtheria unless this bacillus was present, and that the bacillus could never be found except in cases of diphtheria. As a fact the bacillus generally accompanies diphtheria but not always, and it has been found in connection with other diseases and also in healthy persons.

So also the *gonococcus* is regarded as the prime agent in the production of gonorrhœa, and yet numerous cases of gonorrhœa have been recorded without *gonococci*, and these microbes have been found in vaginal discharges of young children where there was no suspicion of gonorrhœa.

The *bacillus typhosus* is held to be the cause of enteric fever, and the occurrence of epidemics of this disease is considered to be owing to the presence of this microbe in the water drunk by the victims of this fever, but in the recent outbreak of enteric fever in Maidstone, though "bacteriologists of repute were engaged in the search, none of their efforts to find it proved successful."

That the so-called *comma bacillus* was the cause of cholera was long believed, but Pettenkofer and his students swallowed large quantities of cultivated specimens of this microbe without any or only insignificant effects; in no case did anything at all resembling cholera result from their daring experiment.

As regards the *tubercle bacillus*, it may or may not be that tuberculosis is invariably attended by this microbe, but that it is incapable *per se* of causing the disease is proved by the negative results that followed the revolting injections of Professor Schreiber, of Königsburg, of tuberculin in large quantities on forty newborn infants, of which an account is given in the *Deutsche Med. Wochenschrift* of November 13, 1890.

The *bacillus coli* was at one time regarded as a most virulent microbe, but Professor Kanthack, at the meeting of the British Association at Liverpool, showed that this organism is a natural inhabitant of the digestive tract, and that its absence or reduction in number must be regarded as a departure from perfect health.

There is no doubt that the germ-theory of disease when first promulgated exercised a strange fascination over medical men, and the assignment of previously invisible and unsuspected or-

ganisms to various diseases as their exciting causes, coming with all the attraction of novelty, was enthusiastically received by all who longed for a revelation of the hitherto unknown disease-producing agents. There were some who remained unconvinced by the assertions and demonstrations of the authors of this novel idea which threatened to effect a complete revolution in pathology, but their influence was insignificant compared with that of many eminent men who were converted to the new doctrine. The promise of soon having the material causes of all or at least many diseases displayed in bottles on our shelves, which we might see and examine at our leisure, was certain to attract crowds of adherents to the side of the bacteriologists. Many medical men were convinced, and no inconsiderable number set about experimenting in this new field of research, intent on discovering some new pathogenic microbe to which their own name might be forever attached and so become famous. This diversion of pathological studies towards one goal—a false one as I believe—has had an evil influence on real progress in pathological science. Now that men of reflection and observation are beginning to perceive that this germ or microbe theory of the production of disease is a gigantic mistake, and that microbes, in place of being the factors in the production of disease, are only the parasites that prey on the morbid products of disease, or perhaps the useful scavengers of the dirt caused by the morbid processes, there is a good chance of a wholesome direction being once more given to pathological research. The only proper object of such research is to enable us to detect and to cure diseases more certainly and more quickly, but the germ theory or doctrine of pathogenic microbes has not been of the slightest use in the way of curing disease; in some cases, such as Koch's unfortunate tuberculin injections and Pasteur's pretended prevention of hydrophobia, it has led to disastrous effects on the health and life of hundreds of human beings.

Even to believers in the microbial theory of diseases and its value to therapeutics, the difficulties attending the detection and differentiation of the various microbes in morbid products render the examination impossible to be undertaken by those engaged in general practice. Therefore it is usual to entrust this work to

some professional bacteriologist, or to the Clinical Research Association, who will, for a consideration, send a report on specimens sent, after a few days; sometimes, it must be confessed, not more enlightening than that of Falstaff's doctor :

"*Fal.* What says the doctor to my water ?

Page. He said, sir, the water itself was a good healthy water, but for the party that owed it, he might have more diseases than he knew of."

The clinical research method of Dr. Hornbook, as Burns describes it, is certainly simpler and perhaps equally satisfactory:

"Just — in a kail-blade and send it;
As sune's he smells't,
Baith the disease and what'll mend it
At aince he tells't."

In conclusion it may be said that certain contagious diseases are sometimes, but not always, attended by certain microbes, which cannot be considered as the causes of these diseases, but rather as their parasites; that the presence of some of them, as the *staphylococcus pyogenes aureus*, is distinctly salutary; that all the mucous orifices of the body in the healthy state harbor many different species of bacteria, even those believed to be of the most virulent character; that some of the most markedly infectious diseases, such as rabies, small-pox and syphilis, have no specific microbe; and that the attempt to cure any disease by the destruction of its peculiar microbe has never succeeded, and can never be expected to succeed, for it is not the microbe that causes disease but some virus the exact nature of which, like that of serpents' venom, has not yet been discovered, but the effects of which are manifest. A knowledge of the various kinds of microbes associated with different diseases may be occasionally useful to corroborate the diagnosis deduced from other sources, but its value, owing to the frequent absence of its supposed specific microbe from the diseased part, and the presence of the same microbe in other diseases and even in the secretions of healthy persons, besides the extreme technical difficulty of demonstrating the tiny organism, which cannot as a rule be undertaken by the ordinary medical practitioner, but must be performed by a bacteriological expert, will always render this aid to diagnosis extremely uncertain, and not comparable in value to the other time-honored methods of diagnosing disease.

The study of microbes may perhaps prove interesting to naturalists when once it has been determined whether they belong to the animal or vegetable kingdom. Perhaps they belong to neither, but are common to both, like protoplasm, which they resemble by being structureless, or at least destitute of organs, but endowed with vitality and capable of unlimited multiplication in favorable conditions. But bacteriology as an adjuvant to medical science and the therapeutic art is utterly useless and misleading, and the sooner medicine dissociates itself from this barren study the better it will be for therapeutics.—*Homœopathic World*, June, 1899.

CASES FROM PRACTICE.

HARVEY FARRINGTON, M. D., Philadelphia, Pa.

1899. CASE 1. Alma R., æt. 3 weeks.

March 25. Diarrhoea for two weeks; stool green like chopped herbs, or looking like stirred eggs, mostly mucous, profuse, acrid. < after nursing or least amount of water.

Colic < after midnight; cries before stool and some after.

Ars. 8 m. and *Sac. lac.*

March 26th. Stools less frequent.

Slept a good part of the night.

Sac. lac.

March 28th. Mother adds to the above symptoms that the stool comes with a rush and splutter.

Arg. nit. 10 m. *F. C.* and *Sac. lac.*

April 1st. No better; the same noisy evacuations worse after midnight <, and apt to come on immediately after taking even a little water.

Gamboge 45 m. *F.* and *Sac. lac.*

April 2. No colic since last evening.

Passed normal stool this morning.

Sac. lac.

Although the simillimum in so young a baby is sometimes hard to find, its action, when given, is prompt and vigorous, as in the above case. The nitrate of silver would have been the first choice if the mother had not been so unobservant; but a question as to the flatulence led her to take notice. China was considered, but the character of the stools did not seem to fit that remedy. That Gamboge was the simillimum is proven by the result, but the marked aggravation after 12 P. M. of at least the painful symptoms and especially the aggravation of the stool after drinking could no where be found in the records of its pathogenesis. Gamboge in this case entirely removed these symptoms.

CASE II. Mr. K. K., æt. 45.

Sept. 6. Hay fever every year usually in August; has now been suffering from usual attack for two weeks.

Burning in nasal passages, tickling in nose, eustachian tubes, eyes, roof of mouth.

Watery, acrid coryza.

Eyes inflamed; itching of margins of lids; smarting and lachrymation.

Left nostril stopped up.

Sneezing < least dust; from pressing tongue against roof of mouth, which feels "sensitive."

Sinapis nigra c.m., one dose.

Sept. 12th. Attack subsided in two days; usually lasted 4 to 6 weeks and progressed to thick yellow discharge from nose and eyes.

CASE III. This case ought to be a warning to those who are so fully convinced of the great necessity for vaccination to at least pause and consider. Supposing that it is an efficient precautionary measure (which has never yet been proven), which is the greater evil in these times of advanced sanitary science the meagre chance of contracting small-pox or the tolerable certainty of doing harm to the patient? If the illness in this instance was not due to the cow-pox poison, to what was it due?

Stella Z., a little girl of about 11 years of age, was vaccinated September, 1897. The arm was much swollen, a large scar resulted and at the time she was very sick.
1897.

March 10th. Has never been well since vaccinated.

Headache, backache < motion.

Fever < at night.

Tongue coated white.

Thirst.

Roseolæ on abdomen.

Some diarrhœa.

Wants to lie quiet.

Bry. 10 m.

Under the action of the Bryonia the symptoms were ameliorated for six days. Another dose of the 103 m. carried the patient along for a couple of weeks, fever subsided, passed a normal stool, but did not gain strength. On April 5th boils began to appear on the legs and Sulph. c.m. was given, but the same do-nothing state continued. New boils appeared, but the patient did not seem to be getting better. On examination these boils presented the exact appearance of *vaccination sores*. There were six or eight on the left leg, a lesser number on the right and one directly over the ensiform cartilage. On reaching a certain point they would break and discharge blood and pus, leaving behind a cavity large enough to admit the end of the finger. However, after a dose or two of *Malandrinum* 30x (Guernsey) five days later the patient at once began to improve; no new boils appeared and the old ones discharged and began to heal, and, wonderful to relate, each left a cicatrix identical with that on her arm. The old virus once out of her system, she made a rapid recovery.

HAY-FEVER AND ASTHMA.

MAYBELLE M. PARK, M. D., H. M., Waukesha, Wis.*

I take up for discussion this evening the two diseases that are the bane of civilized American life to-day. Consumption and cancer die—that is, happy relief—but with hay-fever and asthma the victims have no such hope, as far as the disease is concerned. The unfortunate victims live on to wheeze, and blow and sneeze

* Read before the Milwaukee Academy of Medicine.

and puff through life. These diseases don't kill, they simply make existence a burden to the sufferer and every one around him.

You may say one of these evils would be large enough to contend with in a single evening, but I take the two, for it makes the subject no larger. Hay-fever and asthma are the same as to ætiology, so far as we know anything about it; the same as to pathology, which we know still less about; and differ only in location, which naturally gives rise to a different group of symptoms, but of the same character. They are interchangeable; some patients will alternate, the same circumstances at one time bringing on an attack of asthma and at another an attack of hay-fever; one nasal, the other bronchial. Just as one cold may settle in the head and another in the chest so these peculiar congestive symptoms may change their location.

There are various theoretical causes of these sufferings, *e. g.*, breathing the pollen of plants, but some have their annual attack in June before the pollen forms, and Osler says residents in cities are more subject to hay-asthma than country-people. Austin Flint had an attack every time he slept on a certain kind of feather pillow. People have it in mid-ocean, where very little dust or pollen can accumulate. The smell of a cat or dog is the excitant cause with some; fright; diet, overloading the stomach or peculiar foods; uterine and ovarian diseases. Still these are the excitants not the cause of the disease. They may vary almost as extensively as the suffering individuals.

When we see that it frequently recurs in the same family, that there is a decided hereditary tendency, then we begin to get at the deep underlying cause of hay-asthma. When we see that in some the attacks are interchangeable with neuralgia and epilepsy, we know that this is no superficial trouble that comes and goes with the change of the wind and the dust of the flowers. It is a deep constitutional disease manifesting itself in the nasal or bronchial passages, and would come in paroxysms if the wind ceased to blow and flowers to bloom. It is Psora—that grand underlying evil that the homœopaths are becoming ashamed to own, so they are lying in wait for their aggressive allopathic brothers to give it a name—and they are naming it—they are broadening out their

scrofula and hereditary taint until in time they will rediscover the grand underlying truth Hahnemann gave to the world long ago and little credit our master will get at the re-birth and re-christening. Yes, it is Psora, and it becomes asthma and hay-fever by the hiding and cutting off and suppressing of superficial disease manifestations. This is not mere assertion, it is fact: for when the asthma is *cured* the early manifestation reappears. Hahnemann proved this in both ways by seeing the external symptom suppressed by local application, the asthma appear, and then the local disease return on the cure of the asthma. Many instances of this kind are given in the *Chronic Diseases*, p. 18. That these cases are deeply psoric is shown by the many other symptoms manifest. Osler says there must be a nervous constitution, the patient is neurotic or, as Arndt says, has a neurotic temperament.

Very little is known of the pathology, for the cases never die of the disease. There is great swelling, irritability of the mucosa and increased secretions. The spasmodic, difficult breathing seems to be more a result of the blocking up of the air passages, the bronchioles, by the swollen mucous membrane, than from spasm of the muscles. It takes great effort to get the air in past the turgesced membranes, then the expiration is very long and slow. The distressing symptoms are too well known to need description. They appeal to all, and our untiring effort should be to relieve and do it quickly if possible. Although death may not be imminent, it is preferable to the nights of struggle for the very breath of life; the pale cheeks, blue lips, and contracted brow tell of suffering the patient has not words, even if he had breath, to describe.

Nasal growths, polypi and adenoids are sometimes found associated with these respiratory troubles and their removal has suppressed the paroxysms for a time. These growths are not a cause of, but a result of, the underlying diseased condition, so their removal can not work a cure any more than wiping away an excretion will cure an inflamed membrane.

In curing the disease each individual must be studied, and the case must be studied in the interval of the paroxysm to make the clearest prescription. At the time of distress the patient has but

one symptom, the difficult breathing either from stoppage of the nose or in the chest, and no amount of questioning will bring out the entire disease image. His mind cannot be drawn away from his sufferings to any seemingly minor details, so he relates and reiterates that he has asthma and nothing but asthma. At a quieter time the full picture will be obtained, then the work of true prescribing begins. Among the chief remedies are *Ars. alb.*, *Ars. iod.* Bromine, Arndt says, spasmodic constriction which seems to prevent his breathing; better at and near the sea. Asthma of sailors, which occurs as soon as they go on shore. *Lach.*, sleeps into the attack. The dyspnœa awakens him. *Kali carb.*, suffocative attacks at 3 A. M. Puls., from suppression of a rash. Asthma of children and hysterical patients. Asthma after the evening meal or from a suppressed catarrh. Sulph., also from suppressed eruptions, attacks recurring at regular periods. *Euphrasia* and *All. cepa*, when their characteristic catarrhal symptoms predominate.

Change of climate to some acts as a cure; there is something in the air homœopathic to the case and cure results; in time they can return to their old residence without further suffering, but with the many it acts only to suppress the disease for the time being; the paroxysm does not appear but by the increasing weakness and depression of spirits it is evident that the disease is making its inroads on more vital organs.

Mrs. M.

1898. March 21. Asthma, subject to it for years, alternates withr heumatism of knees and diarrhœa.

< sympathy.

< excitement.

> open air. > quiet.

comes on in early morning.

expectoration blood streaked.

Diarrhœa < night and early morning.

horribly offensive.

< turkey, chicken, fresh pork.

< excitement or hurrying.

< any excitement.

< heat, yet can't stand cold.

Phos. 45 m. Perspires freely.

Phosphorus relieved the asthma, but the bowels became much worse; and not until then did I see the likeness of the case to Arg. nit., which was then given in 40 m. potency. She has had no asthma since and "bowels have never been so well."

Mrs. T. Asthma After Curettage.

Was called ten miles into the country to bring a hypodermic syringe to give a dose of morphine and atropine. I felt some misgivings, but thought as long as the patient had done the prescribing I would allow her to take the dose. Found her sitting up in bed; had not been able to even lie back on pillows for forty-eight hours. The doctor at her home found Morphine the only thing to relieve the previous attack, which came on at the preceding menstrual period and lasted over a week, until she lost her voice and was so weak she had to be held in an upright position. One hypodermic of morphine had no effect; a second and third were given, when the patient declared they did no more good than so much water and she wished I would prescribe if I knew of anything that would help her. By observation and questions I had already decided that Kali carb. was the remedy, so gave the c.m.; in less than an hour she was breathing easier and in two hours she was lying back against the pillows comparatively comfortable and was able to take nourishment. During the year she had had local uterine treatments, repairing of the uterine orifice and curetting. Three months previous, at the menstrual period, she had an attack of asthma, the first since she was a child. She passed out of my care, returning to her home soon after; she was very weak at the two following periods, but not asthmatic; since then I have not heard of the case. Tell us we are cruel not to give Morphine; tell us we let our patients suffer rather than relieve them for fear of suppressing the disease. It is the physician's sole duty to heal the sick speedily, gently and permanently; nothing will relieve so speedily, do it so gently nor act so permanently as the correctly prescribed homœopathic remedy.

Early in September a lady came to my office with the typical early symptoms of hay-fever. For a week she had been obliged to sit up in bed from 3 A. M. until morning to get her breath.

The lachrymation, sneezing and general symptoms all fell under Kali c., of which she was given a dose. She did not have to go to Petosky, nor wait until frost came, but slept all the next night and has had no further trouble.

Dr. T. F. Allen, in his lecture on Tuberculinum, told of a patient in Chicago who was obliged to leave every year during the hay-fever season. If he staid in the city he was utterly prostrated and unable even to get to his office. From the history and the symptoms Dr. Allen gave him Tuberculinum, and he was not only able to stay in the city, but was in his office attending to his work during every day of the hay-fever season. This shows what a deep seated, insidious disease asthma and hay-fever may indicate when it takes such a powerful drug as Tuberculinum to uproot it.

When I first went to Philadelphia to begin the study of medicine, as the train was drawing near the city the conductor pointed out the different buildings of note, among others Girard College near which the medical college stood. He then said he had suffered from asthma nearly all his life; and if I could learn how to cure asthma I would be famous. I graduated from the allopathic school, still not knowing how to cure asthma. A year at the homœopathic school gave the theory and the hope. Practice has confirmed both. To patients suffering from Psora manifesting itself in asthma and hay-fever Homœopathy offers healing and comfort—not through inhalers, smokes and sprays, for these only irritate and delay or make impossible the time of permanent cure; but by means of the single dose of a single remedy accurately prescribed.

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In the discussion of this paper it was asked how it was that Psora was the real cause of asthma when it was relieved and sometimes cured by change of climate, for syphilis and sycosis are in no way affected by climate.

All lung or respiratory diseases are more or less affected by climate, whether chronic or acute; the entire respiratory tissue is so intimately connected with the incoming air that it must be influenced by its density, moisture and chemical constituents. Skin diseases, although dependent upon Psora, are somewhat

affected by the atmosphere, while the internal organs are less and less affected the deeper they are in the interior. The lungs are seldom attacked by syphilis or sycosis unless the diseases are repeatedly suppressed, therefore we see very little climatic effect.

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This work should reach the library of every follower of Hahnemann as it is well done and of great value. The author contributed his portion and it will fill a want long felt. The book is divided into chapters. The first 35 pages are devoted to the KIDNEYS; thirty pages to the URETERS; twenty-three pages to BLADDER; twenty-eight pages to URETHRA; one-hundred to DESIRE TO URINATE; one-hundred to MICTURITION; seventy pages to CHARACTER of URINE; twelve pages to PROSTATE GLAND; five pages to CONDYLOMATA. The last seven pages to tests of urine, &c.

The author has been known many years as a man of sound methods, and it gives us much pleasure to have access to his first gift. It is hoped that others will follow.

THE LOGIC OF FIGURES or Comparative Results of Homœopathic and Other Treatments, Edited by Thomas Lindsley Bradford, M. D. Philadelphia: Boericke & Tafel. Price, cloth, \$1.25; by mail, \$1.32.

This is a book of facts and "facts are chieftains that winna ding and downa be disputed." The allopath does not believe in statistics when they are used as comparative tests of the success of the two schools and an examination of Dr. Bradford's book soon lets us into the reason why. Allopathy somehow or other even in diagnosed diseases cannot present such a good showing as Homœopathy and that is not telling all the tale, for multitudes of cases that would develop serious pathological states are arrested by the homœopathic remedy before even a diagnosis can be formed. For combative and educational purposes Dr. Bradford's compilation will be invaluable. The arrangement and indexing are done in Bradford's own careful style and for the rest Boericke & Tafel's name is sufficient guarantee. C.

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DEPARTMENT OF MATERIA MEDICA.

ARNICA MONTANA.

Lecture delivered by PROF. J. T. KENT, at the Philadelphia Post-Graduate School of Homœopathics.*

This patient is generally morose, wants to be let alone, does not want to be talked to, does not want to be approached. He does not want to be approached, both because he does not wish to enter into conversation, a mental state, and also because he does not wish to be touched on account of the great bodily soreness. These are the two most striking things in this medicine. Irritable, morose, sad, fearful, easily frightened, imagines all sorts of things, especially that he has heart disease, or that he will mortify, or that some deep-seated trouble is upon him. Full of nightmare, dreadful dreams, dreams of muddy water, robbers, etc. Horrors in the night. He frequently rouses up in the night, grasps at the heart, has the appearance of great horror, fears some dreadful thing will happen. A sudden fear of death comes on at this time, rousing him up in the night; he grasps at the heart, and thinks he is going to die suddenly. He is full of dreadful anguish, but finally he comes to himself, lies down and goes off into a dreadful sleep of terror, jumps up again with this fear of sudden death and says: "Send for the doctor at once." This is repeated night after night in persons who are fairly well in the daytime, who have no sympathy because there seems to be no reality in their sickness, only a mental state. It is also seen

* Stenographically reported by Dr. S. Mary Ives.

in persons who have gone through a railroad accident, or through some shock, who are sore and bruised from injury. They rouse up in the night with a fear of sudden death, with an expression of terror; the horrors they really went through are repeated. This is similar to *Opium*, only the *Opium* fear remains, even in the day time. Arnica dreams of it.

When sick in bed afflicted with a zymotic disease, with violent fever, or with fever after an accident or injury, he becomes greatly prostrated, stupid and unconscious. He can be aroused and will answer a question correctly, but goes back into the stupor, or he hesitates about a word and is unable to find correct words when trying to answer and goes back into the coma. When roused up, he looks at the doctor and says: "I do not want you; I did not send for you; I am not sick; I don't need a doctor." He will say this even when he is seriously ill. I have seen an Arnica patient lie back upon his pillow after emptying the stomach of a black fluid like blood or like ink, seriously ill, with the face mottled, in zymotic sickness or such as threaten malignant chill; I have seen that patient after such a serious change that one would think he was almost going to die, look up and say: "I am not sick; I did not send for you; go home." Yet when in a state of health he was friendly, kind-hearted, knew me well, glad to shake hands with me; but now he is irritated at seeing me there and insists there is nothing the matter with him. Such is the "shock" state, almost a delirium. After finishing such a sentence he will lie down in a stupor, will lie in bed drawn up in a heap and merely groan when spoken to. He wants to be left alone, does not want to be bothered, does not want to be talked to. That state ushers in complaints after a shock that has shaken the whole system, that has disturbed the circulation. When a symptomatic typhoid is coming on, *i. e.*, when an intermittent or remittent is taking on symptoms that are typhoid in character, when the tongue becomes shiny, and sordes appear about the teeth and lips, when there is sinking, and tremendous soreness all over the body, there are times when this mental state that I am describing will loom up and the patient must have Arnica. Arnica will interrupt the progress and hinder him from going down into a typhoid state. Arnica is sometimes suitable to scarlet fever, when the eruption does not come out, in those severe

forms when the body is dusky, mottled and covered with red spots; the patient is constantly turning and that mental state is coming on with the moroseness, and stupidity. It is a wonderful remedy, a misunderstood remedy, a misused remedy, because it is almost limited to bruises. It is one of the sheet anchors in certain seasons, in the malarial valleys of the West, for intermittent fever. In congestive chills, in those dreadful attacks with prostration, stupor, mottled skin, with congestion that comes on suddenly, with awful anxiety. The old valley doctors know these fevers, they dread them, and can only cope with them by using such remedies as Arnica and *Lachesis* and other deep-acting medicines. It is not true that these patients must have Quinine. For many years I practiced among these cases, and I have seen numerous congestive chills and had no desire for Quinine. I would rather have my repertory and a few potencies than all the Arsenic and Quinine in the drug stores. These sugar pills cure safely, permanently and gently, while the Quinine never cures, but suppresses, and suppresses violently, and there is nothing in the after-history of that patient drugged with Quinine and Arsenic but congestion and violence so long as he lives.

In the text you do not get all there is in Arnica, a part of the symptoms is left out. Here is one particular which is a striking symptom: "Horror of instant death, with cardiac distress in night." From that it spreads on throughout the system, but that horror of instant death is a striking feature and it comes on regardless of heart disease. A horror in the night when there is nothing to come upon the patient, a horrible congestion, which affects especially the cerebellum and upper part of the spinal cord.

"Stupor with involuntary discharges." "Coma, insensibility." "Lies as if dead." These symptoms come in the low forms of disease, in the typhoid type of disease. A good many of the remittent fevers, if badly treated, or permitted to run their course under bad nursing, will turn into a continued fever, which is a symptomatic typhoid. While the true idiopathic typhoid comes on after many weeks of gradual decline, a symptomatic typhoid may come on suddenly and it has symptoms of graver form than the ordinary typhoid, and will run down to death in a few days. The idiopathic typhoid will seldom

kill and will generally run to a favorable termination if the doctor stays at home. This remedy is full of delirium in these low types of fever, even delirium like delirium tremens. "Hopelessness; indifference." "Hypochondriacal anxiety, peevishness." "Fears being struck by those coming towards him" That is both bodily and mental.

Now, with this mental state thoroughly in mind, we are prepared to take up the general physical state, which has in all complaints, running all over the body, a feeling as if bruised, as if pounded. It is not strange that Arnica is good for bruises, but it is very foolish to put it on the outside, and to rub it on in the form of the tincture or any other way. It produces in its pathogenesis mottled spots, like bruises. If you take Arnica internally you will have mottled spots, bluish spots, which become yellowish, due to ecchymoses, from extravasations of the smaller capillaries. This is, to a certain extent, what takes place in bruising. It is an extravasation of blood from the capillaries, and sometimes from the larger vessels. But all over the body he is sore and bruised, as if he had been beaten. If you watch an Arnica patient in order to get the external manifestations of his state, if you stand off in the room and look at him, you will see him turning and moving. You will at once ask yourself, Why is he restless? and if you commence to conjure remedies up in your mind you will say, He is like *Rhus tox.*; he stays in a place a little while and then he moves. No matter if he is only semi-conscious, you will see him make a little turn, part way over and then a little further over and so on until he is over on the other side. Then he commences again and he will shift a little and shift a little, and so he turns from side to side. The question is, why does he move so, why is he restless? It is an important matter to solve. We notice the awful *anxiety* of the *Arsenicum* patient that keeps him moving all the time. We notice the *painful uneasiness* felt all over the body with the *Rhus* patient so that he cannot keep still. The Arnica patient is so *sore* that he can lie on one part only a little while, and then he must get off that part or to the other side. So if we ask him, "Why do you move so?" he will tell us the bed feels hard. That is one way of telling that the body is sore. A more intelligent individual will say it is because he is so sore and feels as if bruised and

beaten, and he wants to get into a new place. This state of soreness is present if it be a symptomatic typhoid, an intermittent fever, a remittent fever or after an injury when he is really bruised all over. You get the same continual uneasiness and motion, moving every minute. He moves and thinks that now he will be comfortable, but he is comfortable only for a second or so. The soreness increases the longer he lies, and becomes so great that he is forced to move. With *Rhus tox.* the longer he lies the more restless he grows, until he feels as if he will fly if he does not move. With *Rhus tox.* the uneasiness passes off after moving, and with Arnica the soreness passes off if he get into a new place. With *Arsenicum* you see him moving about and look wild, and he is anxious, and this anxiety forces him to move, and he gets no rest for he keeps going and going. The *Rhus tox.* and Arnica patients get better from every little motion.

The Arnica patient bleeds easily; his blood vessels have gone into that state wherein they seem to be relaxed, and extravasation is easy. Blue spots come easily upon the skin, and internally the mucous membranes bleed easily. The parts that are inflamed bleed. He is subject to catarrhal conditions, and if he has a cough he bleeds easily. The mucus that is hawked out of the chest and throat is streaked with blood, or dotted with tiny pin head blood clots. His urine is full of blood and there is bleeding from the various orifices of the body. There is not sufficient tone in the fibres of the vessels to hold the blood within the vessel walls and they ooze.

All over the body there is lameness, and soreness and a feeling as if bruised; a rheumatic lameness; the joints are swollen, sore and lame. If an acute disease becomes more severe, we shall find the mental symptoms as described, and there will be an increasing soreness in the muscles. Arnica is very suitable for that sore, bruised condition of the body, therefore Arnica is a very important remedy in injuries, bruises and shocks, injuries of joints, injury of the back with lameness and soreness. In such conditions Arnica becomes one of the first remedies, and unless there are general decided symptoms calling for other remedies it should be the first remedy. Arnica will very often take all the soreness out of a sprained ankle and permit him in a few days to go walking about, to the surprise of

everybody. The black and blue appearance of sprained joints will go away in a surprisingly short time; the soreness will disappear, and he will be able to manipulate that joint with surprising ease. I have seen a sprained ankle when it was black and blue, so swollen that the shoe could not be put on at all; but after a dose of Arnica, the swelling disappeared in an astonishing way, the discoloration faded out and the patient was able to stand on the foot. No such result can be obtained with the use of Arnica lotion externally. A very high potency of Arnica is most satisfactory in bruises, and when no decided contra-indication is present Arnica is the first remedy; but for the weakness of tendons that follows such a condition Arnica is not always sufficient, and then *Rhus tox.* is its natural follower. If the weakness and tenderness remains in the joints, follow the *Rhus* with *Calcarea*. That is a sort of routine work that the homœopath can fall into and make use of. He will not, of course, give these remedies all on the same day, and not in the same glass, but will wait until all the good has been gotten out of the Arnica before he follows with Rhus. It is quite a common thing for aching and restlessness and weakness to come into a part that has been injured, and *Rhus* is then a suitable remedy; and it is quite common for a joint that has been badly treated to remain sore and weak, and then *Calcarea* comes in as a natural follower of the *Rhus*. Now and then we have to resort to *Causticum*, *Staphisagria*, and other remedies, because of some peculiar feature in the case, but these remedies are all related more or less to Arnica, *Rhus* and *Calcarea*.

Arnica is useful in some chronic cases; especially in old cases of gout. It is quite a common thing for old cases of gout to rouse up into a new soreness of joints, with great sensitiveness. You will see the old grandfather sit off in the corner of the room, and if he sees little Johnnie running towards him, he will say, "Oh, do keep away, keep away." Give him a dose of Arnica and he will let Johnnie run all over him. He does not want to be touched or approached; he feels that anything that is coming towards him is going to hurt him. He is extremely sensitive, his joints are sore and tender, and he is afraid they will be hurt.

This medicine has erysipelatous inflammation running through it. If you have an erysipelas of the face with the mental state

described, with soreness, and sore, bruised feeling all over the body, you need not wait any longer before prescribing Arnica. The sore, bruised feeling all over the body, and the mental state, would decide in favor of Arnica against any medicine. In inflammation of the kidneys and bladder, of the liver, and even in pneumonia, the mental state and the sore, bruised feeling all over the body would enable you to do astonishing work in such cases, even though Arnica has never produced pneumonia. It has all there is of the rusty expectoration, with all the soreness of the chest and catarrhal state, the coughing and gagging, and sore, bruised feeling all over the body, and then add to this the condition of stupor and the mental state that belongs to the inflammatory condition of any organ and is especially strong in this medicine. We do not have to worry about any particular fineness of diagnosis to settle upon Arnica.

Arnica has aversion to meat, broth and milk. There is a great deal of thirst at particular times; for instance, during the chill of intermittent fever he has thirst, while at other times he is thirstless; this is a common feature of Arnica. "Vomiting of dark-red coagula, mouth bitter; general soreness." Vomiting of black, inky substances.

Arnica is a useful remedy in inflammatory conditions of the abdomen, liver, intestines, with tumefaction, tympanites, prostration, tendency to uneasiness, and so sore that he cannot be touched. This state also comes with typhoid. Do not forget the symptoms of Arnica in appendicitis. You do not need to run for the surgeon for every case of appendicitis if you know *Bryonia*, *Rhus tox*, *Belladonna*, Arnica and similar remedies. The homœopathic remedy will cure these cases, and, if you know it, you need never run after the surgeon in appendicitis. If you do not know your remedies, you will succumb to the prevailing notion that it is necessary to open the abdomen and remove the appendix.

Offensiveness is a feature of Arnica; there is horrible offensiveness of the eructations, and of the flatus. The stool is horribly offensive. "Nightly diarrhœa." "Stool involuntary during sleep." "Stools of undigested food, purulent; bloody, slimy, mucous." Dark blood, very fetid stool. Here we see the tendency to oozing from the mucous membranes. Black watery

stools with black vomit. "Retention of urine from exertion," from overwork, from injury, from concussion of the brain, from having gone through some violent accident. The urine is brown, or inky, dark. "Piercing pains as from knives plunged into kidneys." "Urine very acid, with increase of specific gravity."

Another feature of Arnica occurs in pregnant women. The extreme sensitiveness, soreness or tenderness throughout the whole body is especially felt in the abdominal viscera, in the uterus and pelvic region. Sensitiveness to the motion of the foetus, sore and bruised; the motions of the foetus are very painful and keep her awake all night. Arnica will remove that soreness and she will not distinguish the motion of the foetus. It is not an increased motion on the part of the foetus, but that she is sensitive to it. "Constant dribbling of urine after labor."

A general feature also of the remedy is that the body is cold and the head hot; the whole body and the extremities are cold as ice, but the head feels hot. This is a marked condition in sudden congestive attacks, in congestive chill and congestive intermittent fevers. This, sometimes, is the very beginning of a severe attack when there has been almost no warning except a night or two of bad dreams and distress, fearfulness and stupefaction, with soreness in the body. If he come out of this, an increased soreness in the body comes on, which grows worse and worse until he is sore and bruised all over, as if pounded. Children going into severe attacks of infantile fever may threaten convulsions, the head is so hot and the body so cold. Most physicians will think of *Belladonna*, which has such cold extremities and such a hot head. Do not forget Arnica, especially in those children who seem to have an aversion to being touched, scream out every time the mother takes hold of the leg or arm. Look into the history a little and you will see that this is a soreness, and if you strip the child you will observe dusky spots, which give an added indication for Arnica.

This is a wonderful whooping-cough remedy; you can easily conjure up what the indications are for whooping-cough; aggravation from touch, sore, bruised condition, awful spasmodic cough with expectoration of blood, or dark blood-streaked mucus, or little tiny pin-head clots all through the mucus. Vomiting of food with black mucus. The mental state of the child can

easily be imagined. The child is cross and fretful "Cough excited by cries in children when accompanied by anger and tossing about." "Paroxysms of cough at night." "Whooping cough; child cries before paroxysms as though in fear of soreness." You can easily apply that which we have seen in the remedy to the various diseases that come on. Stitching pains in whooping cough, pleuritic pains with catarrh of the chest, with pneumonia or pleurisy, inflammatory conditions. It has also more lingering complaints, "fatty degeneration of the heart." Stitches in the cardiac region, stitches from left to right. "Weary, bruised, sore, great weakness, must lie down, yet bed feels too hard."

It will be well to read over all these symptoms; there are numerous particulars in the remedy, many little symptoms that are of great interest.

It follows well after *Aconite* and is complementary to *Aconite*, *Ipecacuanha* and *Veratrum*.

ASAFŒTIDA.

This remedy in olden times was frequently abused for man and beast. Our grandfathers supposed it was a protection against disease, and hence they used it in the stables. Lumps of "fœty," as they called it, were put in the corn for the horse, to keep off distemper. What it has accomplished I am unable to say, but it is certain that these farmers looked upon Asafœtida as a great protective against disease. Whether they supposed that the odor was of such a strong character that it would drive off any enemy is more than I can say. It has been used also by the laity as a medicine for fainting, for hysteria, and all sorts of nervous symptoms and complaints. This use is justified by the proving. These things are scarcely worthy of note, but it shows the general use among the people, of this substance, as a domestic medicine, in crude form. It has been used more extensively in this form than in professional practice in a legitimate way.

There is one class of patients you will find who will trouble you when you get into practice. Those cases that come into your office with puffed, venous, purple faces; they have an appearance

of plethora; the face looks puffed, bloated and dropsical at times; it is a dark red, dusky face; such a face we shall cure sometimes with Asafoetida. The Carbons, *Carbo an.* and *Carbo veg.*, and also *Pulsatilla* are capable of coping with this kind of face, but it is a very troublesome face, it shows more or less cardiac disturbance and venous stasis. The venous side of the heart will often be involved, or be about to be involved, when you have this kind of face. I never like to see them come into my office, for they are hard cases to manage. They have deep-seated troubles, with bleeding, they are subject to sudden inflammations, and they do not rally quickly. In this kind of constitution we have ulcerations; a little place will ulcerate and suppurate, and the ulceration will burrow; this is just what this remedy does. Another thing this kind of constitution will do is to set up an inflammatory condition of the periosteum with a great deal of swelling, periostitis of the tibia for instance, where the circulation is not very active; inflammation of cartilages with tumefaction and purple skin, stitching pains and dropsy, ulcerations and fistulous openings. Now this medicine is good for just such states. "Ulcers with extreme sensitiveness."

Patients often say, "I get no sympathy when I am sick because I look so well;" fat, flabby and purple. This remedy will seldom be thought of in lean persons; they seem to be free from complaints like those of Asafoetida, but in fat, flabby persons who say they get no sympathy when sick because they look so well, extremely nervous, extremely sensitive to pain, full of hysteria, it is often well indicated. Purple when out in the cold, purple when excited. In other words, you see before you the venous constitution that we have to work with, and these people get the worst kind of hysteria; they go off almost from no cause into fainting; from a close room, from excitement, from any disturbance; sometimes cramps come on, but more especially fainting. They are subject to stitching pains from the bone to the surface; that is, from within out. The periosteum becomes irritated, and glands become swollen. Syphilis sometimes produces this kind of condition. Vascular disturbances in the body; periostitis, necrosis, induration of glands, nerve syphilis and head pains. In old syphilitics with this kind of venous face, subject to bleeding,

ulcers turn black or become purple. In this there is a similarity to *Lachesis*. Old scars turn purple, threaten to suppurate, take on a venous aspect, become painful and turn black. Ulcers form at the site of old scars in old syphilitic patients and sometimes in psoric patients.

There is another grand feature running through this remedy; it is full of discharges, catarrhal discharges, discharge from ulcers, watery discharges from different places, and even watery stool; and all these discharges are horribly offensive and ichorous. Deep, flat ulcers from bone and periosteal affections give out a watery, bloody discharge that is horribly offensive, with pains shooting outwards. Get the idea of the venous stasis well fixed in your mind and with this syphilitic state added to it.

Now in a plegmatic constitution, in one who is purple and says she gets no sympathy when sick, the troubles are deep seated. These patients are almost distracted about the horribly fetid, bloody, ichorous discharge from the nose, from the ears, the eyes, the chest, the bowels, from fistula openings, or from ulcers. Even the liquid stool smells fetid, cadaveric. "Bones threatened by syphilis," especially where the circulation is rather feeble, as in the shin bones and backs of the hands.

There are a good many pains running through the remedy and they are night pains like those of syphilis, nightly bone pains, and pains in the periosteum. The ulcers are deep, with bluish edges. Varicose veins surround the ulcers. Inflammation of the bone and periosteum, with blueness all around the ulcers. When there has been an inflammatory condition of the periosteum, somewhat passive in character, the skin adheres to the bone, glues down to it by a process of adhesion. It is too feeble to ulcerate, it does not get up a lively inflammation, but only a passive state. The glands all over the body are hot and throbbing, with shooting, jerking pains, in syphilis or old psoric and scrofulous complaints.

The bone pains that are felt in the head are sometimes very distressing. Old syphilitic bone pains in the head, stitching, penetrating. It seems where there are kernels about the head, where there are lumps and nodules, this medicine seems to hurry things. Shooting, stitching, tearing pains under left frontal eminence. This stitching pain is sometimes described as if a nail

or plug were driven into the head. These nervous headaches are all syphilitic, hysterical or scrofulous; hysterical pains described as rending, tearing, sticking, etc. All over the head there is stitching pain, but in the frontal eminence, in the temples, there is a sensation as if a nail or plug were driven in, and most of the pains seem to bore, as if they extended from the bone to the surface, and hence are said to be from within out.

It is useful in old syphilitics who are subject to eye complaints, ulcers on the eye ball, ulcers on the cornea, ameliorated in the open air, with a sensation of numbness in the eyes; inflammation of the iris, with ragged appearance of the iris; they are subject also to severe, sharp stitching pains that come from within out. The remedy is full of burning, and so the eye-balls burn like fire, better in the open air. Iritis, but the inflammation sometimes involves the choroid, the retina, and mucous membrane, making a general inflammatory condition of syphilitic character. There are tearing pains in various places around the eyes; sticking, stitching pains, worse at night. Ulcers, with stitching pains, worse at night. Burning, stitching in the eyes with dryness, so that the lids stick to the balls of the eyes, pain worse at night. There is a misty appearance before the eyes, dullness as if looking through rain or a fog. It also seems as if the atmosphere were filled with little floating black flies. "*Muscæ volitantes*." You have looked into the air and seen little gnats and mosquitoes; well it appears to these patients as if they were there when they are not there. The discharge from the eyes is ichorous, bloody and often offensive.

This same syphilitic miasm may attack the ear and the bones of the ear. These bones may decay and the hearing be lost. "Burning in the ear with discharge of fetid pus." Stitching pains in the ears from within out.

A horribly offensive discharge comes from the nose; ulcers high up in the nose; caries of the bones of the nose; syphilitic *œzena*. Putrid old catarrhs. "Feeling as if the nose stopped high up, as if he could not breathe through it, with fulness of the head, when riding in a carriage."

One thing slipped my mind. I have mentioned numbness once or twice, but numbness is a general feature of this remedy, numbness of the scalp, or deep in the head; numbness here and

there; numb, dead feeling associated with the pain; numbness after pain; often numbness after sleep. Other nervous manifestations occur besides those that are hysterical. It has choreic motions here and there over the body. You would expect such a peculiar nervous constitution to have almost anything in its nervous constitution, to have almost everything among its nervous symptoms. "Constantly chewing and working frothy slime out of mouth, with swollen tongue. Chorea." "Speech unintelligible." "Grinding of teeth; starting at night." Swelling of the lips, and of the whole buccal mucous membrane, especially the lower lip, with burning in the mouth.

There are all sorts of syphilitic symptoms in the throat, attended with the usual burning, darting, stitching in ulcers; pain when swallowing; a sensation of a ball rising in the throat, such as occurs in globus hystericus; choking, must constantly swallow. Hysterical and choreic affections of the œsophagus and trachea. Spasms of the œsophagus. This lump in the throat, or suffocation, is a sort of hysterical spasm of the œsophagus. "Dryness and burning in the œsophagus."

In the stomach troubles, if you have ever seen a typical case of Asafcetida, you will wonder where all the air comes from; it comes up in volumes. "Hiccough-like contractions of the diaphragm." These are choreic; choreic jerkings of the diaphragm, with expulsion of wind like the sound of a small pop gun going off almost every second, a good deal of it involuntary. It is a condition that the patient has no control over. It is like the shooting off of little guns forcing loud belching, loud eructations of wind from the stomach. There are a few symptoms mentioned in the text just here that are worthy of note. "Pulsation in pit of stomach; perceptible to sight and touch." "Pressing, cutting, stitching pains." A queer observation has been made that the flatus was not passed downward, but all upwards. "Eructations; smelling like garlic; tasting rancid, sharp or putrid." Always horribly offensive. Offensiveness is a characteristic of the remedy. And then there is a "gone empty feeling in the pit of the stomach," not a pain. "Pulsations after eating." "Meteorism of stomach." In this way, the remedy has a good many gastric and abdominal complaints; full of belly ache; stitching pains, colic. The diarrhœa is more or less trouble-

some. These patients are afflicted with diarrhœa from the slightest indigestion, after any indiscretion in diet, a painful, watery diarrhœa. "Liquid stools of most disgusting smell." "Blackish-brown papescent offensive stools, which relieve."

"Bearing down in genitals, worse when riding in a carriage." "Uterine ulcer sensitive and painful." This medicine has been very useful in palliating uterine cancer in such a constitution as described; those with purple faces, never the very pallid ones. Women of feeble, flabby, venous constitutions are subject to hæmorrhages and miscarriages. Women who are not pregnant sometimes have the breasts fill up with milk, a wonderfully annoying thing, and but few remedies have it; this is one of the few. It has also deficiency of milk. "Ten days after delivery milk diminished."

These patients sometimes get hysterical asthma; all sorts of disturbance in breathing, dyspnœa. "Asthmatic feeling in trachea." "Asthmatic attacks at least once a day all her life, brought on by every bodily exertion, coition, especially by every satisfying meal." Attacks of dyspnœa after coition, like *Ambra*. "Obstinate titillating cough < at night." Many of these complaints are worse at night; nightly aggravations. Syphilitic complaints are commonly worse at night and such antisyphilitic remedies as *Mercurius*, *Staphysagria*, *Hepar*, *Nitric acid*, etc., are all worse at night. Among the other chest complaints, I will read a few of those that are marked here prominently and are striking ones. "Pressure and burning under the sterum." "Compression of chest as from a heavy weight." "Stitches in chest." "Single, violent stitches from within outward, at short intervals."

This remedy is full of rheumatism and gouty symptoms; gouty affections in general, in nervous constitutions. When such a nervous constitution finally produces gouty formations, the nervousness often disappears, for it has been relieved by the deposits in the joints; a transformation scene has taken place.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School.*

LECTURE XXX.

Par. 118, etc. Comparison, individualization, and difference in the nature of things most similar, are points that must be carefully considered. The substitution of one remedy for another cannot be thought of, or entertained in Homœopathy. The homœopathic physician must individualize, he must discriminate. He must individualize things widely dissimilar in one way, yet similar in other ways. Take for instance the two remedies, Secale and Arsenicum; they are both chilly, but the patient wants all the covers off, and wants the cold air in Secale, and he wants all things hot in Arsenicum. The two remedies thus separate at once; they are wholly dissimilar as to the general state, whilst wholly similar as to particulars. A mere book-worm symptom hunter would see no difference between Secale and Arsenicum. You go to the bedside of a case of peritonitis, and you will find the abdomen distended, the patient restless; you will find him often vomiting blood, and passing blood from the anus, you will find horrible burning with the distended abdomen, unquenchable thirst, dry, red tongue, lightning-like pulse. Well, Arsenicum and Secale have all these things equally; they both have these things in high degree; but when Secale is indicated he wants all the covers off, wants to be cold, wants cold applications, wants the windows open; cannot tolerate the heat, and the warm room makes him worse. If Arsenicum is indicated in such a case, he wants to be wrapped up warmly, even in the month of July, wants hot food and hot drinks. The whole materia medica is full of these things, and is based upon this kind of individualization

*Stenographically reported by Dr. S. Mary Ives.

Without the generals of a case, no man can practice Homœopathy, for without these no man can individualize, and see distinctions. After gathering all the particulars, one strong general rules out one remedy, and rules in another. Physicians by the questions they ask often show that they have not been able to grasp this idea of individualization. They pick out two symptoms, or one symptom common to two remedies, and say, "Now, both of these remedies have this same symptom, how are you going to tell them apart?" Well, if you are acquainted with the *materia medica*, with the art of individualization, you will at once easily see how to get the generals, the generals of one are so and so, and the generals of the other are so and so, and this will enable you to distinguish one of these remedies as best adapted to the constitution, when the two remedies have the one symptom in any equal degree. Now, this rules out the idea of substitution. If one does not work, they say, try all down the list alphabetically, until you hit it. Why a remedy that has never been known to produce that symptom may cure the case, because it is more similar to the *generals* of that case than any other. This is the art of applying the *materia medica*. Many times a patient brings out that which is so strange and rare that it has never been found in any remedy. You have to examine the whole case and see which remedy of all remedies is most similar to the patient himself. From beginning to end, the homœopath must study the patient. If he become conversant with symptoms apart from the patient, he will not be successful.

Par. 118 reads: "Each medicine produces particular effects in the body of man, and no other medicinal substance can create any that are precisely similar." That is the beginning of a doctrine showing that there can be no substitution. There are cases that are so mixed that man, no matter how much he study, can not see the distinctions, but, remember, one thing, there is one remedy that is needed in the case, whether it is known or not; it is needed in the case, and it has no substitute, for that remedy differs from all other medicines, just as this individual differs from all other individuals. It may be that we cannot see that it is needed, it may not appear to be indicated, but it is needed all the same, though the intimation may not have come to the eye or ear of the physician. That shows the necessity of waiting and

watching. In Homœopathy medicines can never replace each other, nor one be as good as another.

As we hasten along with this subject, we find in par. 122, Hahnemann says: "In circumstances of this nature on which depend the certitude of the medical art, and the welfare of future generations, it is necessary to employ only medicines that are well known." Purity is important, medicines as they are proved should be kept unmodified and preserved and possessed of their full energy. Now, it is important that you shall use the same substances as nearly as possible, as were proved. Among the potencies that we are using here as high potencies, made by Fincke and others, we have in a large number of instances the very identical substances that were proved by the provers. It is important not to change. A plant bearing the same name as the one proved, but grown in a different climate and on a different soil, should not be used. Procure the one that was proved originally. Fincke recognized this when he procured the substances that Hering proved. We have the same *Lachesis* that Hering proved. I have a sample of the original *Lachesis* that I am preserving in a little vial marked with Hering's own name. The medicine should be well known; its history should be well known, with all the steps and details. The question of potentization should be taken into account, the different hands they have been through; all the little particulars of our high potencies should be well known. You should not be careless in this and gather potencies from Tom, Dick and Harry. When able, go to headquarters and get your potencies.

Hahnemann writes in par. 144: "A *Materia Medica* of this nature shall be free from all conjecture, fiction or gratuitous assertion—it shall contain nothing but the pure language of nature, the results of a careful and faithful research." We have formed, built and established the *Materia Medica* by provings upon the healthy, and observations that are pure and honestly made. Par. 145: "We ought certainly to be acquainted with the pure action of a vast number of medicines upon the healthy body, to be able to find homœopathic remedies against each of the innumerable forms of disease that besiege mankind; that is to say, to find out artificial morbid powers that resemble them." At the present time it will rarely be found that a fully developed disease has not

its simillimum, its remedy and cure, in our *Materia Medica*. It is only those mixed cases that are not developed that puzzle us.

Par. 146: "The third point in the duty of a physician is to employ those medicines whose pure effects have been proved upon a healthy person in the manner best suited to the cure of natural diseases homœopathically." We will take this up in our next talk.

BACTERIOLOGY AND ITS RELATION TO HOMŒOPATHY.

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When a master-work of art, a fine picture or fabric, or artistic work of any sort is on public exhibition or in a position where many have the opportunity to view it, there are two classes of people who look upon it. Some, considering it an object for criticism and expression of personal opinion, pass judgment upon its merits, pick out its demerits, and believe its value in some measure subject to their approval. You may hear such expressions as "Oh, that is good; I like that!" "This part is very well done!" "That is a good conception!" or "That's not right, this part is not true!" "I don't like that style!" Others will try to appreciate the conception of the artist, receiving from the work more or less of what its creator put into it, putting themselves in a passive mood to be affected by the idea expressed in the work of art. In reality, all such works of art are in the position of critic toward those who view them. The worth of the picture or the statue is not affected by the criticism of its observers, but really measures the critics. The degree of influence one can receive from such a work, the extent to which he can feel that which the creator put into it, is the measure of his own development in that direction, determines the quality of refinement of the observer. Thus the work of art is the critic and the being is the object of criticism.

As this is true in relation to things of art, much more is it true in dealing with things of nature and the relations of things

in nature to each other, in explanation of laws of cause and effect. We cannot alter the relations of things in nature by formulating theories about them, by deciding that they follow such and such laws. As it was in the beginning, so is it now and shall ever be, eternal causes ultimate their effects; so far as man's conclusions are in harmony with nature thus far they may stand approved, while so far as the theories and explanations of men are not in harmony with principles as they exist and operate, so far as man assumes things opposed to the workings of nature,—these theories, assumptions and man's actions based on such assumptions shall fail, but the principles of nature and the course of her processes stand firm in criticism of his development, the standard of measurement of man's wisdom. The more we understand and operate in harmony with nature the nearer do we come to the divine laws, the higher do we progress in wisdom and truth. But the truth stands firm, never affected by our relations to it. That is the master work of the Creator; in so far as we are under its influence and appreciate its expressions, so far have we appreciated the Master's conception. Emerson refers to "the wisdom got by searching of a clear and loving eye that seeth as God seeth." The more in harmony our wisdom is with the workings of the natural—*i. e.*, the divine—laws, the more do we with the inner eye see "as God seeth."

"The test of science is a rational mind." Science is but orderly knowledge of the workings of nature and the practical use of science is application of such knowledge. All judgments of science, all its theories and conclusions, therefore, stand in relation to the truth of nature's (divine) laws as does the critic to the master-work of art. Theory and conclusion of science are measured by the truth of eternal laws, causes and effects, and the more in harmony with the processes of nature, the higher the wisdom, the closer do they come to actual truth.

By observation and estimation of what can be noted, the reason of man works step by step from known to unknown. No step can be omitted without destruction to progress; each advance must be built upon that which preceded, and thus are rational orderly conclusions reached—rational—going step by step, grade by grade. This is the test of consistent reasoning: whatever is not reached by rational processes, consistent throughout with

fully established effects of nature and previously ascertained rational conclusions, is not true science and will not stand. Measurement by the standard of nature's laws and processes will prove the conclusions inaccurate and hence untenable. Hence, any scientific conclusion may be thoroughly tested by a rational mind, reasoning in advances from known to unknown by orderly rational stages.

With this preface let us ask why do we make war on the microbes, the bacteria, the "germs"? Probably even the youthful school-boy will readily answer, "Because bacteria are the cause of disease." So popular is the discussion of such matters in the present day, "science" is handled easily by the very children. But though it is such a common subject of discussion and thought we can look at it a little closely with interest.

Through all the years that men have dealt with sickness, the wise heads have searched for the cause of such disturbances. One after another explanations have been made, accepted, and found insufficient when brought to the light of experience. At length, with the aid of the microscope, minute bodies were discovered in association with fermentation, putrefaction and *with disease*, and it was again announced that the cause of disease at last is found. These tiny organisms, bacteria, are responsible for sickness; they set up a disturbance by invading one part of the body and thence are carried all over, or produce disturbance all over, the system. This wonderful field of investigation was rapidly entered by enthusiastic observers and at length the verdict was received: "Each particular disease is due to a specific kind of organism (bacteria or fungi in eruptions) which invades the body at one or another part." Since that many kinds of organisms have been examined and studied, and the end is not yet; such study goes on at the present time. In the early days of such teaching Henle and Koch formulated the requisite conditions to determine which is the specific organism cause of each form of disease, viz.:

(a.) The specific organism causing the disease must be found in the living body affected by the disease; it must be present in all cases of the affection.

(b.) The organism developed and administered must be capable of producing this disease in others (*i. e.*, the disease must be present in cases of the organism).

(c.) The disease depends upon this organism for its development (*i. e.*, it must not develop in the absence of the organism).

Then these students set about to study development of diseases and development of organisms associated therewith to determine which of the many forms present is the specific for each infectious disease, thereafter to annihilate the organisms and thus stamp out diseases to which they give rise.

To this end we find many men of mighty minds devoting themselves to the study of bacteria and experimentation, and such work is introduced into the medical colleges that would keep abreast of the times. The methods as followed, in general (from the publicity that has been given them), are already more or less known. Discharges from patients with the special disease to be studied are taken—whether tuberculosis, typhoid fever, cholera or whatever is the subject under consideration—examination with the microscope is made, and from the organisms present the one most peculiar to all patients' discharges is decided upon as the specific of that disease. Cultivation of this form is then made upon gelatine or blood serum, or some other material that furnishes nutrition for it, with care to exclude all other forms and all organisms from the air and surroundings. From the culture thus made (which still has some other organisms) a few are placed in another tube of nutrient media to develop another colony, and so on through several colonies to insure a pure culture, *i. e.*, a colony of this one organism with all other forms excluded. These various colonies are studied as to their habits and growth; they are subjected to many varied tests, exposure to heat and cold, to various poisons, alkalis and acids, to the digestive fluids of the body and so on, to determine their power of resistance and development. Among the most important tests is that of inoculation in animals—dogs, cats, rabbits, pigs, cows, horses, mice, rats, goats—introducing the inoculation into the cellular tissue beneath the skin, into the blood current, into the brain sheaths or cavities and fed into the digestive tract to note the influence on the living animals. All this is entered into with great zest by enthusiastic students. The whole theory and its use seemed so simple and beautiful. The typhoid bacillus always found in the discharges, is cultivated outside the body, introduced into other animals in whom typhoid fever symptoms develop. As

this is the cause of the affection, it must be killed wherever found, which can be done with many substances called germicides. Then the patient recovers if they are in the body, or, if outside, contamination of other patients is prevented. In cases of doubtful disease find the bacillus, and the diagnosis is certain. So in all other infectious diseases is the specific microbe to be treated. But in the many years' investigations many complications are found in the apparently simple theory, practically tested, many inconsistencies arise to be explained away, results sometimes fail to appear just as expected and puzzling features are found to be unravelled out and explained. Results obtained contrary to expectation are not, however, always followed up when they lead away from the stated theory; by various assumptions and twisted explanations they are finally made to agree with the original statement, more or less, or left unexplained. Matters of established fact are always of great importance and cannot be gainsaid, but conclusions and deductions of laws of operation drawn from fact require the test of careful rational reasoning with all advance steps consistent with previous ones. Conclusions must conform to facts. A few of the facts demonstrated by those devoted to bacteria study may here be considered.*

The study of fermentation, mould development, of decomposition of animal and vegetable and of digestive processes show that in all these bacteria of various forms develop and multiply and their growth seems closely associated with the chemical changes, in which oxidation is an important feature. The substances are broken up into simpler compounds, while these organisms (bacteria, yeast or fungi) flourish. The conclusion is deduced that these tiny organisms aid in the process of change in substance during fermentation, digestion, decomposition.†

Bacteria are found in all waters, flowing or stagnant; in all liquids that can ferment or putrify, in all vegetable and animal tissues that are sufficiently moist. Surface soil is extraordinarily rich in germs of bacteria. Circumstances in general are so favorable to bacteria that we find them or their germs practically everywhere.†

* Literal quotations are not made, but statements are such as are found in the works referred to.

† *Ziegler's Pathology.*

Some bacteria only meet with fit conditions for their existence and growth within the body and do not multiply without it.*

Soil rendered sterile (as regards micro-organisms) and supplied only with sterilized water and air is incapable of supplying sufficient nutrient material to plants to enable them to flourish even moderately well.†

In the ripening of cheese many forms of bacteria are developed.† Cheese eaten with other foods seems to render their digestion easier.

Experiments have been made on feeding animals, showing that when supplied with carefully sterilized air and water and sterilized food they soon died.

In the light of such testimony we might readily conclude that micro-organisms have a material part to perform in contributing to growth and nutrition of plants and animals and in the universal chemical changes whereby growth is carried on and decaying material is again utilized. So it seems when the digestive tract is treated with anti-septics and food is administered with pepsin and other digestives, malt, etc., that the naturally furnished bacteria stuffs are removed and those of man's selection put in place similarly as decaying leaves are carefully taken from the lawns in the fall and fertilizers are spread in their place in the spring or late winter.

Bacteria are distinguished with great difficulty, by special methods ; special reagents and staining must be employed.*

In relation to disease, bacteriologists now claim, with some pride, recognition of specific organisms credited with being the cause of tuberculosis, cholera, typhoid fever, yellow fever, diphtheria, malaria, pneumonia, gonorrhœa, tetanus, hydrophobia, and septicæmia and pus formation, while of other infectious diseases they are diligently seeking, and hope to find, the specific organisms, while many eruptions are found the seat of parasitic growths. These specific bacteria are to afford the means of a positive diagnosis by their presence, and treatment is to consist of means aimed at their destruction to prevent the continuance of the affection already developed and its transmission to those not yet attacked. In this connection note the following:

*Ziegler's Pathology.

†Bacteria and Their Products, one of a Science Series.

In the discharges of typhoid fever, other organisms than the so-called typhoid bacillus are present. These are supposed to prepare the structure of the intestines for the specific action of the recognized typhoid bacillus, so it may be considered a mixed infection.†

One prominent investigator describes three pseudo-typhoid bacilli which so closely resemble the real typhoid bacillus, he says, that it is difficult to distinguish them unless all are viewed together. These he considers have probably frequently been mistaken for the real typhoid bacillus, which is less frequently present in water than has been supposed.†

Organisms in human and bovine tuberculosis are morphologically identical, but they are not absolutely the same in vital and pathological characteristics (*i. e.*, their life's histories and the effects they produce are different).†

Then the determination of even these specific organisms is not certain and it does appear, although their identity is to be recognized by their microscopic appearance, that their external appearance is really insufficient to determine what will be the effect when inoculated into the living body. Just so it was long ago discovered that the effects of drugs in the body, whether vegetable, animal or mineral, could not be determined by microscopical appearance or chemical attributes, but only by administration. And it does thus seem that reliance is not to be placed upon diagnosis of disease by diagnosis of the form of bacteria present, for observe:

Specific organisms must always be associated with the disease considered, actively in the body.†

Demonstration of bacteria is often a very difficult matter. We know, indeed, in the case of many bacterial infections, that by the time the tissue changes occasioned by the invasion are complete all traces of bacteria have long since disappeared.*

In diphtheria an elaborate method of growing on blood serum and staining is employed which requires twenty to forty-eight hours. The disappearance of bacilli from the mouth is not simultaneous with the removal of the membrane; the organism is not found on the membranes even after a few days, as it is

*Ziegler's Pathology.

†Bacteria and Their Products, one of a Science Series.

present only in the newly-formed membrane. In some cases they persist in the mouth after all symptoms of the disease have gone.*

Is this an evidence that while the disease is known to be present the specific organism may not be demonstrable? In tetanus an elaborate roundabout course in theory and method of demonstration is resorted to in proof of the production of the disease from a specific organism in surface soil and stable manures.

In tetanus the organism stated to be the cause of the disease has been found in the pus of abscesses, when it could not be found in the earth which was considered the source of the infection.†

There have been repeated failures to produce the disease (tetanus) from pure cultures of the organism.†

In consideration of the extreme caution recommended in dealing with "specific bacteria" in all cases of infectious diseases, the insistence upon the destruction of all such organisms by free use of strong germicides, as well as the precautions (one might almost say to the extent of fanaticism) in surgical operations, here are some notes to be dwelt upon.

In taking tubercle bacilli from the diseased tissue and attempting to cultivate them outside the body great care is necessary to get really pure cultures; many other organisms present grow more luxuriantly and apparently choke these out. The same care is necessary to obtain pure cholera bacilli cultures.†

Would it not seem an easy matter to dispose of such by simply allowing other forms to choke them out in the discharges if it is so difficult for them to hold their lease of life in the struggle for existence?

When tubercle bacilli are cultivated in bouillon outside the body, through many generations, so as to obtain pure cultures, it is found that in the later generations there is luxuriant growth of organisms which appear stronger and more resistant to destructive agents than the earlier ones, but by experimenting on animals they are found to be much less virulent than the earlier generations and those taken direct from the discharges or tuberculous tissue.† Strange it seems that when the cause of a disease is most perfectly established in its own identity and power that there is less disease effect obtained from it.

*Ziegler's Pathology.

†Bacteria and Their Products, one of a Science Series.

While pus inoculated causes sickness, the organisms from the pus cultivated on blood in the laboratory fail to produce the symptoms when inoculated.†

Tubercle is frequently found in the lungs of those without symptoms of tuberculosis who have died of other diseases, acute or chronic type. The typhoid bacillus has been found in the dust of hospital wards where no typhoid patients had been admitted. In isolated diphtheria wards, the nurses say it is quite common to find the diphtheria germs in the mouths of all the attendants, though none have any sign of diphtheria. It is an oft told tale that the great Pettenkoffer deliberately swallowed a mass of cholera bacilli and showed absolutely no effects from it. All these facts telling of the presence of bacilli within the body without disease disturbance must be explained to accord with the beautiful simple theory of bacterial causation.

After all the dread, the fear, the care, after all the precautions, and means to guard against the introduction of bacteria into the body, it seems that the condition of the body itself, the manner of performance of its usual functions determines the growth of these organisms within it.

To cultivate any of these organisms they must be fed on food especially suited to their nutrition, and thus pure cultures may be obtained. In developing cholera bacillus a drop of discharge from a cholera patient, containing large numbers of organisms, beside the specific cholera bacillus, is placed in broth so prepared as to be especially suited to the nourishment of this organism. But it is easier to obtain a pure culture from the comma *bacillus* than from the discharge itself.†

To develop within the body bacteria must find within the body and in proper combination all the conditions necessary for their growth and development, and must be able to extract fit nourishment from the tissues in which they settle; they must nowhere encounter substances which check or injure them.*

The production of typhoid depends on the condition of the bowels; it is prepared for the action of typhoid bacillus by irritation and removal of epithelium.†

The milk of tuberculous cows was used to feed young animals

*Ziegler's Pathology.

†Bacteria and Their Products, one of a Science Series.

and tuberculosis was not produced in every case, but in sufficient number to justify the conclusion of a specific virus in the milk.† (This means that tuberculous milk is not always poisonous to other animals.)

For the development of cholera the digestive system must be deranged before the introduction of the comma bacilli, as gastric juice and intestinal juice are destructive to the germs. To produce cholera, healthy animals are so treated that the ordinary natural functions of the abdominal organs are interfered with and the introduction of the comma bacilli is made, and if cholera symptoms develop the bacillus is counted responsible.†

It is easy enough to kill organisms outside the body, and there is a large number of germicidal substances that are capable of interfering with their growth. Unfortunately most of these germicides also exert an injurious effect on the tissues.† (Thus the means used to destroy that which is claimed to be the disturber of health, itself puts upon the economy the added burden of restoring the tissues thus injured.)

On healthy individuals there is no poisonous effect from bacilli.†

Healthy blood is always toxic to germs of disease.

We know no reason why of two individuals exposed to the infection of measles, scarlatina, small-pox, typhoid or tuberculosis one should be taken with the disease and the other not. The factors which decide the matter are not such as our tests can discover.*

In cases of phthisis that are curable, cure is brought about only by bringing the tissues by nutrition up to a good standard of health; only thus has the disease been checked, in some cases permanently. When the tissues have fallen below par, there has been a fresh outbreak of the disease.†

In cases of wounds, and in surgical operations where special antiseptic precautions are not taken, the tissues often heal promptly and cleanly. In other cases, even where extreme precaution is taken, there is poor repair of tissue, and even constitutional symptoms are noted where there seems no particular local infection.

*Ziegler's Pathology.

†Bacteria and Their Products, one of a Science Series.

These are not insignificant facts, but those who have discovered them do not recognize that the effect of the bodily condition upon the bacteria is greater than that of the bacteria in deranging the body, and are still attempting to reconcile these facts with the stated theory. In the course of time, no doubt, these worthy students or their successors will reach the conclusion that the best way to destroy these organisms, if their destruction is essential, is to deprive them of the nutriment for their development, and then all measures will be sought and used to keep the tissues in healthy condition; just what could be accomplished without reference to the bacteria, and what is now or should be the end to be reached. Here are a few more facts gleaned by their industrious study:

After keeping a mass of bacilli, already sterilized, so they were dead, there was sufficient poison to kill the animal to which it was given.† (If this is so, what have we gained in the way of prevention of contagion when we have only destroyed the bacteria? Of course, those disposed to keep the original proposition will doubt that the organisms were destroyed, though the work was done by one of the careful investigators.)

In many cases it is found possible to obtain demonstration of the tuberculous nature of a disease by inoculation experiments when the organisms are so few that they have escaped the notice of most careful observers.†

Tuberculosis has been produced by inoculation of substance without bacilli; it was concluded that tubercle spores were present though no bacilli were found.†

Where the poison was evidently present, but no bacteria found, the only possible conclusion was that the spores were there (being smaller and less likely to be detected), or that some bacilli were there and not observed. Unbiased minds might be disposed to consider that where the presumable cause was absent and the disease still developed that there might be some other cause than that previously supposed; but no, the presumable cause was there but not detected, is the verdict. Of what value are observations if they can be knocked over for convenience and totally discredited? But it has been shown that in tubercular discharges, the bacilli having been destroyed and precipi-

† *Bacteria and Their Products*, one of a Science Series.

tated, the liquid thus left (diluted) potentized to a high degree, upon administration has power to develop all the essential symptoms of true tuberculosis in the prover. Although it was demonstrated, as mentioned above, that the organisms are less virulent the remoter they are developed from the discharges in aiming at "pure cultures," it was not conceived that there might be in the discharge a poison not produced by the bacteria, but only associated with it and separated in the process of getting pure cultures. The only conception consistent with the stated theory was that whatever poison was present was from the bacteria, and it was called ptomaine products.

Typhoid was produced by use of products of typhoid without the presence of a bacillus.†

Marseilles is a very hot-bed of typhoid, yet examination of the water showed no typhoid bacilli present.†

In hydrophobia, blood from the affected victim, inoculated into other animals, produces death, but none of the organisms are found in the blood. Hence it is considered a septic poisoning, and not from a specific organism.†

One investigator found that his own saliva (not affected with hydrophobia), injected into small animals, proved almost as fatal to these as when hydrophobia saliva was used.† (Probably the introduction of many kinds of foreign substances, not at all virulent in their ordinary uses, are capable of producing disturbances even profound enough to cause death, if injected into the blood current of animals. Such results could be easily ascertained.)

One great authority in the field, after detailing methods of procuring the curative substance from tuberculous tissue, announced his conclusion that the curative effect is obtained by a soluble substance diffused, so to speak, into the fluids that surround the tubercle bacillus and transference without delay to the circulatory fluid of the body. The quantity of active principle present is in all probability very small, a substance the action of which on the tuberculous organism far surpasses that of the strongest drugs known.† (But he has no other idea than that this active principle is wholly dependent upon the bacillus for its production.)

† *Bacteria and Their Products*, one of a Science Series.

The discharges of a typhoid fever patient, when first evacuated, though containing few bacteria, are full of poison of the disease, but if left, as passed, for a while the number of bacteria is greatly increased and the virulence of the substance is lessened. Also, a tiny bit of discharge from a fresh cadaver in which cadaver bacteria are not found, inoculated into a scratch on an operator's finger sets up constitutional disturbance, whereas a few days later, when the dead body is full of micro-organisms, a similar inoculation produces a small amount of disturbance.

With all these facts, in the light of the general observation (made from collected particulars) throughout nature, that conditions and circumstances are so adjusted as to contribute to the maintenance of life and development of plants and animals, another explanation of bacteria may be possible. It was long ago discovered that in the locality where certain forms of disease develop, in that locality is developed the substance which is best suited to the cure of such disorders. In any section of the globe where animals are found, there are found indigenous the plants on which they are nourished, and their means of acquiring food are suited to obtain what is provided and best fitted for them. In cold climates such food is most abundant for man's use as will best maintain him in those climatic conditions, while in the torrid climes food, shelter and adaptable clothing materials are at hand which best suit the climatic conditions there. In one place they thrive on animal fat, in the other on sugar of fruits and cane. Plants are fertilized by the co-operation of insects, and others are protected from insect ravages by birds. Decaying animal matter is seized upon by large and small animals, and the noxious products of decomposition do not poison the air of the living. The proper proportion of gases in the air is maintained for both plants and animals by their reciprocal use and additions. In view of these facts, and the facts gleaned from bacteria study, it would not be inconsistent to assume that the development of bacteria on pathological tissues uses up the poison of the disease products, relieves the economy of this and serves in the restoration to health rather than the destruction of the body and its life. In any perfectly governed city the breaking of sewer or water pipes in the street inflicts upon the surrounding locality a flood of water or filth, with considerable damage, but

the accident is promptly followed by the presence of a host of men, with their implements, digging and working to restore order and repair the damage. Any stranger, who had noted this relation of things frequently, would be counted insane did he assume that this host of men with their tools had *caused* the trouble, and would thereupon attempt to drive them off or interfere with their progress. So, in case of fire, the army of men at the scene almost instantly upon the discovery of the fire is not suspected by the *youngest* observer of *causing* the outbreak. When an animal succumbs to death in the open field the thousands of maggots that swarm upon the body are not by later observers deemed the *slayer* of the victim. Therefore, it is not consistent to claim, in the realm of nature, where the control of processes is as much more perfect than man's as infinity is superior to the finite, that because in every case of a disease these special organisms abound, that, therefore, they have initiated and do maintain the disease process and its products. Even, as in the case of the fire and water departments, the efforts of the congregated beings tend to lessen the harm of the disorder, there are in the above cited facts many suggestions of a beneficent use on the part of the bacteria in relation to the life and condition of the infected.

Let us take another look at the matter. These enthusiastic investigators, the great medical men and the public who follow their edicts do confidently believe or assume that they are on the right track and attain great results, but what has been accomplished in the alleviation of sickness and cure of disease that was not possible without the knowledge of the life history of bacteria? The contagious nature of diseases, the fact of contagion transmitted in discharges and clothing, the development of disease in surroundings of filth, were all ascertained without the bacteria. In individual cases of sickness (the particulars which make up generals) what has been achieved in shortening the course and reducing the virulence of type of diseases of definite duration or to check the progress of continued diseases? What has been accomplished in "stamping out diseases" from a knowledge of bacteria that might not have been accomplished without it in ignorance of them and the microscope? What, in short, has all this bacteriology to do with treatment of the sick? Probably the

greatest claim that has been made for its practical benefits is that by means of bacteria a diagnosis of the malady may be made, and thereupon treatment may be based. Diphtheria is one disease in which this has been most extensively practiced, but notice that it requires, by the methods employed, from twelve or twenty to forty-eight hours to conclude the positive determination of diphtheria bacillus while the *membrane* may be present in the throat and no bacilli be demonstrated. More than once has it occurred in common practice that by the time a verdict was returned "no diphtheria bacillus" the victim of the disease was dead and on the other hand by the time a return was made declaring the *presence* of bacteria the child affected was already well on the road to recovery under careful treatment.

At the present enlightened day the bacteria-seeking doctors, in the end of this nineteenth century, do emphatically declare their inability to shorten, in the least, the course of any acute disease, to check the process of inflammation and prevent its products in altered tissue, to affect changes in these morbid tissue products save by gross mechanical means or to restore to order disordered functions without undertaking to perform those functions by other means than the activity of the organs of the body. But there is something better possible, and we, as homœopaths, so far as we are true to the teaching of the patient student workers who sought out the principles of life and disease and the inner relations of animals, plants and minerals to each other, applying these principles in the healing art—so far as we faithfully follow the directions of the master who first established the treatment of the sick upon a basis of definite, easily comprehensible principles—must know and demonstrate in every day work that something better can be accomplished by careful adjustment of remedy to patient than by persistent attempts to annihilate and dispossess the "pathological bacteria" which seem to absorb the attention but defy the efforts of those devoted to their investigation. We, as homœopaths, know that disordered functions are the result of disordered vital force, and that tissue changes are not the first effects of disorder, but follow disturbed functions. We know that drugs administered affect diseases and effect changes in their course, that disease and drug effects in the system are similar, that drugs having power to produce certain groups of symptoms will cure diseases marked by

similar symptom groups. We know that the vital force may be restored to orderly activity by the influence of potentized drugs and health thus restored. We acknowledge that the duty of the physician, as such, is to restore health to the sick, we have drugs to accomplish this and have means by which to select the needed remedy through the symptomatology which does not, as yet, include bacteria. Why, then, do we make war on the microbes and devote time, effort, thought to determining ways and means of destroying these material micro-organisms?

The following reports selected from some of the published accounts of cases treated by many physicians among the best prescribers of the world represent the standard work of Homœopathy and serve to show the results obtainable in those diseases especially claimed to be closely associated with specific, recognized bacteria. For the sake of brevity, the guiding points upon which the remedy, in each case, was administered are not given, but only those which establish the identity of the condition and show the result of treatment.

Purulent and pyæmic affections. A fistula in the anus, opening from an ulcerous pocket in the rectum two inches from the anus, discharging bloody pus, was completely cured in ten days by Silica. A boil under right arm of a scrofulous patient developed in fifteen days and broke, discharging a pint of pus and blood, and healed in two days' time under influence of Hepar sul. One month later Silica was given, and in three months from beginning of treatment the patient with steady improvement had gained thirteen pounds. A child of 17 months, during a romp, was thrown in the air and came down full force on the father's hand, which struck it in the right axilla. Thereafter the glands swelled until a lump the size of a large hen's egg presented. Surrounding parts were swollen, large blue veins crossing over the chest and all parts affected, extremely sensitive to touch. Hepar sul. 55m. removed all the pain, and tenderness and in three days the abscess broke, discharging blood and pus profusely. In a short time the part completely healed. The wife of an allopathic druggist, with a baby five months old, had suffered for four months with a gathered breast, tortured by the harsh allopathic treatment in vain. The appearance of the woman and the history of the case indicated Belladonna, which

effected an absolute cure in a week's time. A boy of three weeks with ophthalmia neonatorum, had excoriated canthi, eyelids swollen, inflamed, puffy, discharging thick, yellow bloody pus. Sulphur c.m. was given; eyes immediately began to improve and continued, while an eruption developed on the skin. They entirely recovered; by the end of three months the eruption had entirely gone. Another case in a child of eight days is given where eyes were reported watery since birth; three days previously lids began to swell, and were so swollen it was impossible to see the balls; conjunctiva like raw meat, discharge thick yellow, gushing out on raising lids. An older brother had lost his sight soon after birth during a similar attack some years before. This case received Merc. sol. 6m., following which was immediate improvement; the eyes were clear and bright in a month and in six months the boy was a big, fat baby, having had no weakness of eyes since. In another child of three days both eyes were inflamed, with a thick greenish-yellow, bland, muco-purulent discharge. There was a boil on the occiput. After Pulsatilla 51m., in two weeks the eyes could be kept open and by the end of two months friends could hardly believe they had been sore. In another, a colored child of two years, the eyes had been inflamed for three weeks. There was great swelling, so the lids could not be opened; lids agglutinated in the morning with thick, yellowish green, excoriating discharge; eyes sensitive to light and touch. Administration of Calc. carb. 13m. was followed immediately by reduction of swelling, and in two weeks the eyes were perfectly well, although they had been growing steadily worse the two weeks previous under old school treatment with "drops" in the eyes every few hours. A musician of 23 years, after an attack of grippe, had a profuse discharge of thick, yellow, bland pus from right ear and hearing was considerable impaired. He was given Pulsatilla c.m.; after one month there was no more discharge, his hearing steadily improved; in three and a half months he was discharged cured. A boy of ten years had been seventeen months under continual old school treatment for his ear, without any benefit; the discharge increased and his deafness grew worse. The trouble came after scarlet fever. There was copious, thick, dark yellow green discharge, offensive, bland, from right ear. Throbbing headache,

nausea and vomiting with other symptoms were present. After taking Sulphur 55m., in one week improvement was marked and in two months there was nothing to complain of; the mother reported he was in perfect health, with no ear discharge, and hearing practically normal.

A woman with a family of three children had an operation for repair of cervix laceration of twelve years' standing. She had been under constitutional treatment for many months. The operation was done, without antiseptic precautions, in the bed-chamber of her home. She reported having taken cold a day or so before and was troubled with a cough. Vomiting persisted some hours after recovering consciousness from etherization and Ipecac was given. Two days later, cough continuing severe with much restlessness, Rhus tox., was given. Three days later a zymotic state was evident. Vomiting continued as well as the cough; she lay apathetic, could not be coaxed to smile and was unwilling to talk; face dusky, dark rings around eyes, pulse 124, temperature 101.8°; the vaginal discharge had been yellow "like corruption," more recently was scanty; the vulva was reddened, ulcerated where a blister had formed and broken, painful, sensitive to touch, the soreness seemingly brought about by the discharge, where that had flowed over the skin. She saw faces when she lay awake with eyes closed, saw running water and felt as if she would fall into it; her hands looked to her dirty. She craved ice and complained of jerking of the heart, which awakened her. The condition was such as a bacteriological surgeon would undoubtedly pronounce septicæmia from infection at the cervix. She received Arnica 40m. at 8 P. M. The following morning she was a different woman, bright, animated, ready to talk, improved in every way with pulse of 108; two days later said she felt all right, the vulva was healing nicely, she slept well, was hungry and pulse was 90-94. By the fifth day after the remedy, pulse 88, she begged to get up.

Acute poisoning. A physician during a post-mortem examination of a cancerous patient infected himself through a scratch on the hand, symptoms developing soon after. He imagined the image of the dead woman constantly before him, grew gloomy, despondent, wanted to die, was restless and nervous at night, was troubled with severe headache, trembling, great weakness and

disgust for food; suffered severe smarting, burning, shooting pain in the injured finger, which showed fiery redness, swelling and a hard pimple at the point of inoculation. A dose of *Arsenicum* of high potency promptly cured the whole disorder.

Eruptions. A man, who had sent his razor to the barber to be honed, cut himself with it on getting it again and a herpetic eruption developed on the lower part of face and spread round toward back of neck. *Natrum mur.* high was given and the eruption was shortly cured. Before he was free from the eruption he fondled the baby and the eruption developed in the child. *Bella.* being indicated, was administered, with prompt cure following. The nurse caught the eruption from the baby and *Rhus tox.* promptly cured her. A traveling man of 21 years had contracted barber's itch three weeks before presenting himself, the eruption appearing after nearly two weeks. Symptoms called for *Sulph.*; he was given c.m. potency; in two days the eruption ceased spreading, two days later it was scaling off, two days later the skin was free from eruption, and at the end of three days more there was absolutely no sign of it remaining. A lad of 8 years suffered with ring worm on nearly all parts of the body for one year. His mother said "everything" had been tried and he only got worse and worse. *Bacillinum* 100 was given. In two months the lower half of the scalp was clear and healthy and his general health was better; by the end of three months only a little scurfiness on the scalp was left, with the parts clear. Soon after the whole skin was clear and pretty, with hair about one inch in length and the lad was in excellent health. No external remedies were used.

Tuberculosis. A man of 22 years, addicted to drink, was fond of gayety, had had four or five years of fast living. He had been troubled with a cough for two years, recently becoming exhausting, with occasional spitting of blood; sputa thick, yellow, saltish or sweetish with elastic fibres (demonstrated by treatment with caustic soda); breathing rapid, shallow; thorax flattened; pain in lungs deep seated; several small areas of dullness on right side; voice husky and uncertain; heart impulse increased in force and rapid; night sweats for a year, saturating night shirt and sheets; evening temperature 100–102°, morning temperature normal. He was treated first with *Silica*, then with *Sulph.* and

Lycopodium; gave up his bad habits, was restored to health, went into business, married and became a useful member in the community, although an Old School lung specialist told the family he was doomed, that nothing could cure him, but change of habits and residence in the Adirondacks might prolong his life. A lady of 20 years had struck her knee jumping from a carriage, two years ago before presenting for treatment. The knee was double the size of the other, with very slight movement possible. Many eminent surgeons had agreed there was exostosis and that it was tubercular and recommended different kinds of surgical treatment. Calc. phos. 30 was given. In six months she was walking with a cane, three months later was entirely well. She married, and in three years she and her two children were in excellent health. A boy of 6 years suffered with hip-joint disease." He had been to two hospitals for advice, where operation was advised but no encouragement given, no hope of recovery. He was of the Calc. carb. type, and received this remedy, 200th potency. He was completely cured in one year, became a live, active young man, managing a truck farm, with no inconvenience but a high-heeled shoe. Another boy of 6 years presented caries of the innominate bone at the upper end of the sacro-iliac symphysis, with a large ulcer. He had been at one of the finest hospitals of America for ten months, where he had three surgical operations and was preparing for another. At that time he had a large cicatrix three inches by three-fourths inch, with a fistula opening near the upper end. He received Calc. carb. mm., and was sent home to south-west Virginia. In six weeks he was reported doing finely, had gained nine pounds and later reports showed constant improvement.

Acute diseases. A man with malaria fever reports having chills "from working with a threshing machine." Fever every day, for the past year, four to six hours or longer. Spells broken for a time but always return; fifteen years before had regular chills and fever. He received Arsenic 40m. and had no spells of fever after a week and entirely recovered. A lady who had had dysentery for six weeks had been better for a week, when, on watching a funeral from her doorway, she learned upon inquiry that cholera was the cause of death. Immediately she was taken down with the disease, vomiting water, with white watery evacu

ations, with coldness and cramps. She was given *Veratrum alb.*; the next morning she went out, and in five days was met by her physician who hardly recognized her as the same person. A child of 10 years with diphtheria showed both tonsils and velum palati much inflamed, bright red except where coated with false membrane; right sub-maxillary glands swollen; pain on swallowing; fetid breath. He had *Lyc. 45m.*, which was followed by improvement; later aggravation and increase of membrane and *Lyc. c.m.* was given. On the fourth day throat was clear, swelling nearly gone; on the fifth day he was well. A boy of 12 years, almost as yellow as a Chinaman, had diphtheria, right tonsil enlarged with white patches, throat congested and grayish. He had been having malaria off and on for several months, at length suppressed with quinine; is subject to tonsillitis. Temperature 102, pulse 120. *Lycopod. 1m.* was given. In eight days throat was clear, temperature and pulse normal, skin had lost nearly all its yellow color; he was discharged with directions given for the convalescence. One boy of 5 years, one boy of 4 years, and two girls of 3 years reported by one prescriber suffering with diphtheria, dark ulcers on hard swollen tonsils, mouth of ashy gray color and much mucus in the passages—treated with *Kali bichr. 1om.* All showed marked improvement within twenty-four hours and each was well within a week. A woman of 62 years, who had been sick for three weeks with inflammatory affection of the leg and was just going out again, took cold riding in the cars and pneumonia developed. She was so debilitated at the time that there was no cough for several days; when it did come the characteristic expectoration, bright red color, confirmed the diagnosis. The intense, severe pain through the right chest "where the draft struck the body" and the high fever were gone on the fourth day, with improvement in the general condition under influence of *Bry. 1om.* The weakness, exhaustion and sweating during sleep, disturbed sleep and afternoon aggravation called for *Lycop.*, which was given on the sixth day. After the seventh day she sat up daily, steadily gaining in strength and eating heartily. In the same way measles, scarlet fever, typhoid fever, whooping cough are abbreviated and lessened in severity by careful adjustment of remedies.

Such results in contrast with cases of the same classes treated

by other means, such as may be seen any day in hospitals, clinics, in the offices of specialists and bacteriologists and in the bed-rooms of the most aristocratic, give a proof that cannot be gainsaid and show the possibility and the standard of homœopathic practice. With such possibilities from careful application of the principles which we profess to uphold and to practice—let the question be repeated—why do we make war on the microbes? If we, any of us acknowledging the banner of Homœopathy, fail to get results of this kind, why is it? Why are we tempted to hail the banner and follow the line of hurraing multitudes going in another direction? There is but one answer to these interrogations. It must be because we are deficient in the requirements of our calling. Lack of comprehension of the principles of Homœopathy and their applications, deficiency in knowledge of the *materia medica* or laziness and indifference in the individual must be the foundation of the desire of those called homœopaths to devote the minds' and hearts' energies to continued warfare and hostility to these creatures revealed by the microscope. Were the time accorded to the study and play of bacteriological investigations devoted to mastering the well-demonstrated principles of healing and the nature and effects of diseases and drugs, Homœopathy would be firmly established and men, women and children of all countries would be growing up in strength and beauty instead of falling under the surgeons' knives and hastening to insane asylums. In due course of time this theory, like many others that have engaged the attention of the world, will have been worked to the uttermost limits and found wanting in its essential features, and once more the observers of nature and her laws will reap their criticism by nature's truth, just as the work of the master artist tests the development of its would-be critics.

DEPARTMENT OF CLINICAL MEDICINE.

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

A CLINICAL CASE.

F. S. KEITH, M. D., H. M., Newton Highlands, Mass.

1899.

Aug. 21. Woman, æt. 45. Following symptoms reported to me by son, patient not seen:

Malaria for several weeks. Has taken Quinine plain, and combined with Iron and Strychnine; also Gelsemium, Rhus and Eupatorium from a so-called homœopath. The chills return despite every combination of remedies.

Type, tertian.

Before chill, blueness of nails.

Before chill, thirst.

Chill begins about 9 A. M. lasting 1-2 hours.

To-day 5:30 A. M. to 8 A. M.

During chill, thirst.

During fever, no thirst.

Headache, frontal and in vertex.

Pain over bridge of nose.

Heels burn and ache. > if kept cool.

Palms hot and burning, > cold bathing.

After fever, sleep.

Perspiration lasts all night.

No thirst.

No appetite. All food tastes bitter.

< moving about. Tired all the time.

Mouth burns and smarts inside on day of chill as though skin was off; as if pepper was in mouth.

Stomach, gnawing pain in pit of.

All fluids cause smarting of parts over which they pass.

Diarrhœa, morning.

Urine dark red.

Vertigo on rising from chair or bed.

Swelling about waist line day of paroxysm, goes down at night.

Before malaria developed great itching and burning of skin.

< in bed.

< wearing woolens.

> scratching.

Capsicum 200, one dose.

Nov. 10. One slight chill after remedy was given and no return.

Has felt perfectly well since.

This case is not reported to prove that intermittent fever is curable by the single remedy, single dose, and high potency, for such proof is not necessary to the readers of this Journal. One or two peculiar features, however, are brought out, which are worth noting. On looking over the symptoms, the only striking and general feature seemed to be the peculiar thirst, before and during the chill, and its absence in the fever and perspiration. From Kent's Repertory the only remedies having this combination I found to be Capsicum and Sepia. Capsicum was found to cover most of the other symptoms and is also a fair antidote to Quinine, therefore it was given. Sepia has a less regular type of intermittent, and moreover had not the other symptoms of the case at hand.

CLINICAL CASES.

S. MARY IVES, M. D., H. M., Philadelphia, Pa.

I. A HOMŒOPATHIC TRUSS.

CHARLES S., æt. 2 months, was brought to me April 5th, 1899, to be measured for a truss, as he was suffering from an

inguinal hernia on the right side. His grandmother, an old standby of the dispensary, brought him in company with the mother. I said to them, "Why not try constitutional treatment for the baby. Many ruptures are cured in that way?" After talking the matter over pretty thoroughly they agreed to it; but I could see they felt very dubious as to the result, for the physician at the hospital in which the child had been born had told the mother to get a truss at once for the child or he might have a rupture all his life. I thereupon proceeded to gather some symptoms with the following result:

Baby was an eight months' child, an incubator baby.

Pale, waxy skin, anæmic looking.

Rupture, r. inguinal reducible, but protruding upon the slightest provocation, always worse before a storm.

Bowels constipated, strains until black in the face, then passes a soft, yellow stool; rolls the eyes with stool.

"So much wind," flatus very offensive.

Alumina 43 m.

The report a week later was, "Does not strain so much" and "Rupture remains up longer." The following week the mother came in great distress to show me an *umbilical* hernia as large, perhaps, as a small nut; the bowels were still very constipated. On this day I gave *Lyc.* 43 m., feeling the *Alumina* was not doing its work, or rather was not the indicated remedy. Nor did *Lycopodium* prove to be so, for the condition of things remained about the same, the ruptures continued to protrude and the bowels were obstinate. A few additional symptoms presented themselves:

Perspiration about head cold and sour.

Wants to nurse all the time.

"Blue spells," gets blue about eyes and mouth, worse before storm.

Purplish blue spots on skin.

Worse in the damp weather.

The whole case was clear to me now for *Calcareo carb.*, and after giving a dose of *Sulphur* 55 m., as an intercurrent, I administered *Calcareo carb.* 13 m., May 24th. Two weeks later, the

mother reported that the inguinal hernia had remained in place for a week (which to her was a wonderfully long time.) There was less straining with the bowel movements, although the movements were delayed several days sometimes. The general improvement went on until July 3d' (nearly five weeks from the first dose of *Calcarea*), when the straining at stool returned; but strange to say the ruptures remained in position in spite of the straining. *Calcarea* was repeated then, and followed by improvement. During the summer an acute bronchitis came on with gagging cough, etc.; this promptly yielded to acute remedies, and in October another dose of *Calcarea* was given as a "tonic" after the effects of the cough. During all the coughing and gagging the ruptures maintained their ground, never once "coming down," as the mother expressed it; this was to her a matter of great interest, for, as she told it in her own way "That is the first thing I run and look at, to see if they have come out again." I have not seen the child since November 13th and then the condition was good.

I have told the case in full, not omitting the poor prescriptions made at first, because they teach a lesson against keynote prescribing. The *Alumina* was given on the hard straining at stool, with the final expulsion of a soft mass, but it did not cure the patient. The *Lycopodium* was administered for right-sided hernia, but it did not cure the patient. The baby was a *Calcarea* baby from the first, and it only took a few weeks to demonstrate its ability to grapple with the case, tone up the fibres and hold those rebellious intestines in place; it relieved the constipation, and built up the child generally.

II. OPHTHALMIA NEONATORUM.

Baby S., three days after birth, developed an inflammatory condition of the *right* eye with a discharge of *thick, yellow* fluid; the day following the trouble had spread to the *left* eye, and both eyes were very much swollen, so that the upper lids looked like water bags, puffed red, and distended; from the eyes flowed a *thick, yellow, bland* discharge, so profuse that it rolled down the cheeks and saturated all clothing with which it came in contact. When the closed lids were opened by the nurse, this purulent

discharge simply rolled out, and the eye itself was invisible because of the profuse fluid.

The only symptom presenting itself for a remedy was this profuse *thick, yellow, bland* discharge, and for this Pulsatilla *c. m.* was administered. The day following the discharge was less profuse, not so thick in character, and of a greenish cast, the left eye, (the last to become affected) was less swollen, and the baby had made some attempt to open the eye, which it had not done until now. Two days later, I was told by the nurse the "eyes are just fine," and upon examining them I found the left eye looking about normal in size, very little discharge, and the eye itself comparatively clear and bright.

The right eye was still somewhat swollen, discharging quite freely still; but the child was able to open it, and in doing so the eye itself looked clear. Three days later both eyes looked so well it was hard to realize the condition of things less than a week before, when the child's eyes presented the appearance of the eyes of a frog, so big and protruding were the shut lids.

This little case is chiefly interesting, because it illustrates a homœopathic law, *i. e.*, symptoms disappear in the reverse order of their coming; the right eye was the first to show sign of trouble and the last to get well, while the left one was the last to become affected and the first to get well.

PARALYSIS—CAUSTICUM.

MISS C., æt. 3 years, nervous temperament.

I was called August 30th, 1899, to see this patient and found her suffering from paralysis of the left side of the body, especially marked in the face and eye. I ascertained that since her birth she has suffered from one disease or another and is now very weak. Although she is three years old, she looks like a child of six months. On further inquiry, I found that the patient was exposed to cold during the rainy season before she was attacked with the paralysis.

I gave her *Causticum 2c.*, and advised her father to come to me after eight days. He came again on September 7th and expressed joy that the patient was far better than before. I pre-

scribed the same remedy once a week, which cured her permanently within a month, and now she is all right.

"*Sivaloy*,"

DEBENDRA NATH MULLICK.

Andul, Bengal, India.

Nov. 8, 1899.

EDITORIAL.

A FAREWELL WORD.

With this issue the JOURNAL OF HOMŒOPATHICS is turned over to new management. Dr. H. A. Cameron, who has hitherto been Assistant Editor, now assumes full management of the JOURNAL, and will conduct it on the same lines as in the past. We are confident that the interests of Homœopathy will still be carefully fostered by the JOURNAL, and that the new Editor, who has been connected with it from its first publication, will be faithful to its declaration of principles, and give only sound doctrine in its pages. We now thank our many friends for the confidence so often expressed and the aid given by them in the maintenance of the JOURNAL, and assure them that although we retire to the rank of an ordinary contributor, we shall be no less interested in the successful furtherance of its objects. One last favor we would ask is that the same warm interest and assistance be continued on behalf of the JOURNAL, so that it may be a strong exponent of pure Homœopathy.

J. T. KENT.

THE JOURNAL'S PROGRAM.

Our readers will be interested in regard to the future conduct of the JOURNAL, and we shall merely reiterate Prof. Kent's statement that the same lines will be adhered to as in the past. We are glad to announce that Prof. Kent has consented to the continuation of his lectures, and we have his promise to contribute occasionally also to the clinical department. It is our purpose to publish each month one or two complete lectures on *Materia Medica*, and one lecture on Homœopathic Philosophy by Prof. Kent, besides original contributions from other teachers in these important departments. We trust, moreover, that our sub-

scribers will make the JOURNAL a medium for intercommunication and the putting on record of cures showing confirmation of the principles and verifications of the provings. Cases concisely stated, and "with a moral," will prove not only interesting and instructive, but will also serve as memory pegs upon which to hang our materia medica for future use. Such cases we hope to publish in the Clinical Department monthly. To increase the size and usefulness of the JOURNAL is our intention, but it can only be carried out by a continuance of the hearty co-operation of the friends of Hahnemann's Homœopathy.

G. A. B. SCHWEIKERT.

George Aug. Benj. Schweikert was born at Aukulm, a suburb of Zerbst, in Anhalt-Zerbst, September 25, 1774. After receiving his preliminary education in Magdeburg he entered the University of Halle and for two terms studied theology, and then entered the University of Jena to devote himself to the study of medicine, to which he felt himself irresistibly drawn. There he lived in the house of his uncle, the celebrated professor of anatomy and surgery, Loder, who, after Schweikert had finished his preparatory medical studies, accepted him as *famulus* in his clinical lectures and as assistant in his private practice. At the same time he enjoyed the particular attention and favor of Hufeland, who was here as professor of *Materia Medica* and as clinical instructor. He received his degree in October, 1799, and settled down as a practicing physician in Zerbst. In 1801 he went, at the recommendation of Hufeland and Loder, to the University of Wittenberg as instructor in obstetrics. He was appointed as city physician and city obstetrician of Wittenberg, and in 1807 became a member of the magistracy. In the years 1812 and 1813 he became director and surgeon in charge of the French Military Hospitals. On account of his patriotic mode of thinking and his free speech he was called before a French court martial and condemned to death, and he was only saved by the fact that the Prussians captured Wittenberg two days before the date fixed for his execution. He returned to his native country and settled down at Grimma, where he was appointed city physician and teach-

ing physician in the Fuerstenschule of that place. Here, in 1820, he first came to know and diligently studied the Hahnemannian writings. He had consulted his most celebrated colleagues on account of an abdominal disease he had contracted, but in spite of all remedies prescribed he obtained no alleviation, much less a cure. He then sought the advice of a homœopathic physician, and after he regained his former health in a short time by a single homœopathic remedy he studied Hahnemann's writings with greater diligence. He also sought the personal acquaintance of Hahnemann, who was then living in Cœthen and soon became his most intimate friend. In 1825, after he had been treating his patients a whole year with homœopathic remedies, he publicly declared his conversion to the new method by an article in Stapf's *Archiv*.

From 1830 to 1836 he edited the *Zeitung für homoöpathische Heilkunst*, by which he contributed to the diffusion of the curative doctrine and from thenceforward became the most doughty and efficient champion in the contest that then developed. In 1834 he went to Leipzig to undertake the direction of the Homœopathic Institution there, where he found a notable sphere of operations and remained till 1836. By successfully treating from Leipzig several Silesian patrons of high standing Schweikert received, by a Cabinet Order, the license to practice in the Prussian States, and took up his residence in Breslau, where, however, through the pressure of work, he was compelled to give up the *Zeitung*. He died at Breslau, December 15, 1845.—[Extracted from Dr. Bradford's *Pioneers of Homœopathy*.]

ERRATUM.

In Dr. Parke's article, December No., p. 428, line 5, for "Dr. T. F. Allen" read "Dr. H. C. Allen."

THERE will always be a large number of physicians who either do not understand or will not learn how to select for each particular case the only proper medicine, and such always find it more comfortable to employ massive doses. There will always be perhaps as large a number on the other hand who will by and by

know how to hit the nail upon the head, and they will learn to prefer the high potencies.—*Hering*.

AN agent of Perfection Liquid Food was called upon personally by a physician who had previously ridiculed the food without having examined it. He said "I have a patient who cannot retain anything and she has tried every other food on the market." He took a bottle for experimental use in the case; the patient has not vomited since and has gained rapidly on it and he has written to Dr. Guersey a letter of gratification.

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DR. JULIUS SCHWEIKERT.

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DEPARTMENT OF MATERIA MEDICA.

AURUM METALLICUM.

Lecture delivered by PROF. J. T. KENT, at the Philadelphia Post-Graduate School of Homœopathics.*

LECTURE I.

This morning I am going to talk to you about Gold. The general features of the remedy are such as relate to the mind and such as relate to the tissues of the body in general. If you run through the mental symptoms, taking them all in as one great whole, you will see that all the affections, natural to healthy man, are perverted. So great in extent is this that one of the fundamental loves, which is the love of living, of self-protection, is perverted and he loathes life, is weary of life, longs to die and seeks methods to commit suicide. No love of life. The affections preëminently are deranged, the intellectual sphere is only secondarily changed. Of course insanity runs through the remedy, but it is an insanity that begins in the will and proceeds to the intellect; it is first observed as a perversion of the affections. It is astonishing that one could get into such a state of mind, such horrible depression of spirits that there is an absolute loss of enjoyment in everything. You take away man's hope, make him absolutely hopeless, and he has nothing to live for, he then wants to die. Such, it seems, is the state in this medicine.

* Stenographically reported by Dr. S. Mary Ives.

Self-condemnation, continual self-reproach, self criticism, a constant looking into self; she does nothing right, everything is wrong, nothing will succeed, hopelessness. "Imagines he cannot succeed in anything, and he does everything wrong; he is in disunion with himself." Imagines he sees obstacles in his way everywhere. He is all the time imagining that he has neglected something, that he has neglected his friends, etc. He imagines that he deserves reproach in consequence of having neglected duty; he has neglected something, he is wrong, is wholly evil, has sinned away his day of grace, is not worthy of salvation; this is the train of thought that constantly runs through his mind. The thought really becomes uncontrollable; he is absorbed in himself and sits and broods over it, and by brooding over it he only intensifies his present state and hatches new grievances, continues to worry over himself, thinks he is wholly unfit for this world, and then he longs to die. He looks on the dark side of everything, constantly expecting bad news, looking for everything to go wrong. The future looks dark to him, and he wants to die; he never will succeed, for everything goes wrong that he turns his hand to. His business is dark, his family troubles him, his friends annoy him; he becomes extremely irritable, easily angered, is worried over trifles, and easily excited. Every little thing rouses him into anger and turmoil, and he is always in a fight. The Aurum state of mind is an insanity dreadful to look upon because of its turbulence and melancholy. It is suitable in the most profound states of melancholy and depression, where the patient sits silent and says nothing. When disturbed he is aroused to great vehemence, anger and violence. "Very sad, could cry all the time." "Melancholy, feels hateful and quarrelsome." "Terrible melancholy after abuse of Mercury." Now, what are the causes of this state of insanity, grief and hopelessness? Syphilis is a common one; loss of property is another. Persons who have in their young days been repeatedly drugged with Mercury, who were always taking Blue Mass in the spring, thinking it good for the liver, have established upon themselves a mercurial disease, with enlargement of the liver, and this is almost always attended more or less by melancholy and sadness and such hopelessness as we find in Aurum. Aurum produces such

affections of the liver as are associated with cardiac affections, endocarditis, dropsy of the heart, and rheumatic affections that have gone to the heart. You will notice that wherever the *affections* are preëminently disturbed in mental disease that there is either cardiac weakness, endocarditis, enlargement of the heart, or some organic or functional disease of the heart. This is invariably true. You will very often find a history of taking Mercury that has superinduced a rheumatic state that has been rubbed away with liniments until the heart is affected, and with this comes hopelessness, insanity of the will, disturbance of the affections. This is a kind of association that you do not often find in text books of the old school, but by observing you will find that these things are so. If you go into the study of the *Materia Medica* you will see this relation established. Then it appears to spread in this remedy from the will to the understanding, and the intellectual portion of man becomes involved. Think what a state it is for a man who has been in a good condition of health, respected in his business circles, to have a desire to commit suicide. You will see in other remedies and other kinds of insanity a breaking down or a state of feebleness of the intellect, he cannot think nor reason; his affections are practically intact, but he finally goes into a state of imbecility, or he becomes wild and commits suicide under a state of impulses. That is an instance where the intellect has been affected first and spread to the will. Sometimes this state comes on, and no disturbance in the man's intellectual nature has been observed; it is intact, it is sound. He has been sound in his business affairs, he has been a good father, he has been observed by those around him to be intelligent and bright, but he has silently brooded over his state and his hatred of the world; he has told nobody of it, and then he has been found hung in his room. The man's intellectual nature keeps the man in contact with the world; but his affections are largely kept to himself. A man can have affection for all sorts of things and perversion of many things, but his intellect will guide him not to show his likes and dislikes to the world. The affections cannot be seen, but man's intellect is subject to inspection. He cannot conceal his intellect. We shall see that the affections are interior they are covered with a cloak, they

are his innermost and are hid from inspection; but the understanding is the outermost garment, it surrounds and hides the affections, just as does the garment he wears over the body hide the body. The affections that Aurum resembles are those like unto the very innermost nature of man.

“Ailments from grief, disappointed love, fright, anger, contradiction, mortification.” “Pain makes her desperate so that she would like to jump out of the window.” He meditates upon death, upon suicide; he wants to get out of the world, wants to destroy himself, has no love for his life which he thinks is worthless.

The remedy is full of rheumatic affections, not unlike such as are found in old mercurial cases; rheumatic affections with swelling of the joints; affections of the cartilages and bone, inflammation of the periosteum; thickening and induration of the periosteum. Indurations of glands; induration of the cartilages about the joints. These are all of syphilitic and mercurial character. It is useful in old syphilitics when the bones are breaking down in any part of the body; the shin bones, nose bones, ear bones, any of the small bones. Like syphilis and mercury, the complaints are aggravated at night, coming on in the evening and keep up all night. The pains are violent, they rend and tear, the bones ache as if they would break, not in acute fevers but in old syphilitic bone troubles. Knife-like pains in the periosteum. Pains in the joints rendering them immovable. Inflammation of the bone itself with caries. It is not strange that the very vascular coating of the bones, the periosteum, should be greatly affected because there is a strange vascularity, all over the economy, in this medicine. The veins are enlarged, in a state of congestion and inflammation, and friable. The veins become thickened and tumefied. The blood vessels pulsate so that there is pulsation all over the body. “Erethism or vascular fulness characterizes nearly all complaints.” Fulness of the veins of the extremities; this goes on until swelling appears with weakness, so that dropsy is prevalent throughout the remedy. Œdema of the extremities, with pitting upon pressure, pretty much what occurs in liver affections. A false state of the plethora seems to exist in the body and finally turmoil and excitement occur. Violent orgasms in

the body, sometimes demonstrated as violent heat, coming in flushes with excitement. Fidgetiness, feeling as if something dreadful were going to happen throughout the economy. Then it settles down into a state of quiescence for a while and then this repeats itself. These violent orgasms come preparatory to the localization or establishment of some breakdown in the economy. At times it is a cardiac affection. Endocarditis of a mild type will have this turmoil in the body; by and by look for albumen in the urine, look for enlargement of the liver, look for signs of cancer of the uterus, and deep seated affections.

"Boring in bones." "Pains drive to despair." The pains drive the patient out of bed at night and make him walk. This is seen in old syphilitic bone pains, and in old mercurialized patients. You will sometimes have a great turmoil in one who comes to you after going about from allopath to allopath. He has been taking Mercury all his life and his liver is enlarged, and his joints are enlarged. He goes to every doctor, with an endeavor to get relief from his distressing sufferings. Mercury and disease are so mixed up that a great turmoil will result from your first prescription. He will go through these stages of violence and periodical attacks. You will have to know such medicines as Aurum, *Chelidonium* and *Staphisagria* to get this patient over these awful attacks which he is obliged to go through.

This medicine wonderfully affects the glands, the parotid glands, the glands about the groin, the lymphatics in the abdomen; in fact, the glands everywhere. The mammary glands, the testes and ovaries, are involved, and undergo states of hardness, infiltration, etc. Aurum cures chronic enlargement of the testes, and lumps in the mammary glands. Tumors in these glands, of cystic character, have been cured by Aurum. One thing about Aurum is that it is a medicine which will not cure dynamic affections by carrying gold dollar pieces in the pocket. It will mitigate the *intellect* to a certain extent I grant you, but the affections will not be turned into order by carrying gold in the pocket. Hahnemann potentized Aurum and gave some of it to a patient, and it did not work, but he thoroughly triturated it until he got it to the fifteenth potency and then it worked and restored that patient to the bosom of his family. Hahnemann says that

in the earlier triturations the dose was yet too large to cure; so he went higher until it was sufficiently small to cure, sufficiently attenuated to go into the interior of the economy through the various envelopes of man.

There is one grand feature running through the Aurum state; it is the manner in which he is affected by temperature, and by the weather. Here are some symptoms that relate to the whole man, which must be examined in this connection. "Desire for open air." This patient ranks along with *Pulsatilla*, as to temperature; but Aurum is not mild, gentle and yielding, he is obstinate, full of anger, irascible, the very opposite of the *Pulsatilla* patient. "Generally > growing warm." This is in connection with the headaches. "Cold water ameliorates pain in eyes." "Averse to uncover," but he desires open air like *Pulsatilla*. "Warm air, asthma <." Many symptoms disappear after washing, especially cold washing; but whenever the patient is suffering from great excitement, turmoil and vascularity, constitutional orgasm, pulsations, he wants the doors and windows open, wants to get out in the cool air; it seems that he will roast, wants the clothing thrown off. This state of excitement and pulsation is ameliorated by getting out into the air. It has those flushes of heat so common to women at the critical period, and these are followed by sweat, sometimes by chilliness.

Most that we have said of the remedy is as to its general aspect, for everything about the mind is general.

LECTURE II.

In Aurum the pain in the head is very intense, maddening, often accompanied by a sensation as if air were going through some place or other; he looks around to see where the draft comes from when there is none; extremely sensitive. Often has to have the head warm and wrapped up, although it feels hot, with a good deal of congestion and rush of blood to the head. The head is sore and feels bruised. Stitching, burning, tearing pains in the head; much throbbing in the head. The face is bloated, flushed and shiny with the congestive headaches. These headaches are often found in syphilitic subjects; often associated with

cardiac disease. Pain in the back of the head associated with cardiac disease, with sluggish circulation, purple face, duskiness of the skin. The skull sends out little exostoses as in syphilis. The skull bones are sensitive to touch; the pericranium or periosteum is tender to touch. In old mercurialized cases with bone affections and necrosis of the skull, as in syphilis and mercury, the hair falls out copiously; the head becomes bald. Baldness due to syphilis; the scalp is left shiny and the hair will not grow in again. In acute diseases there is falling out of the hair, but it grows in again, and it is not uncommon to have a poor crop of hair succeeded by a good crop. But young syphilitics, perhaps not over twenty or twenty-two, often lose their hair and remain bald all the rest of their life.

There are all sorts of disturbances of the eye, of a catarrhal character, even to the extent of ulceration and infiltration of the various coatings of the eye. Iritis; great disturbance of the whole visual apparatus; some of the striking features I will read from the books, but remember the constitution that we must always have in view; remember the mental state, remember the mercurial and syphilitic states, remember the gouty tendency, and the complaints that belong to joints, remember the cardiac disturbances. As we review the eye symptoms we thus see the constitution with which they are likely to be associated. "Photophobia." "Weak sight and eyes." "By gaslight a number of bright, floating specks and dots are seen." "Eyes ameliorated by moonlight." "Large letters cannot be distinguished." "Yellow, crescent-shaped bodies floating obliquely upward in field of vision." "In upper dark section of field of vision occasional showers of bright, starlike bodies." In *Calcareæ* there is a queer symptom: he sees a sudden flash arise from the lower portion of the field of vision; it shoots up and divides, and then he sees stars in every direction. It is the appearance you will see sometimes in the shooting off of one of those rockets that explode and come down in a shower. That has been observed in *Calcareæ*. "Hemiopia of left eye." And so it goes on with many of these peculiar things that can hardly be described except in the language of the text. "Protruding eyes." Protrusion of the eyes, such as occurs in exophthalmic goitre, with en-

largement of the heart, has been cured by Aurum. Enlargement of the thyroid gland with rapid and full bounding pulse. Exophthalmic goitre has been cured by Aurum, *Natr. mur.*, *Lycopodium*, and a few others with which the symptoms agreed. "Staring, dreary look." "Iritis marked by much pain around eye, which seems to be deep in bone." Such a state would be likely to be produced by syphilis that had been treated with Mercury until the patient was full of it, and Aurum would come in as an antidote to both the syphilis and the Mercury. "Pupils irregularly dilated." It has all the catarrhal states of the eye that may be looked for in any remedy, but these particular features that I have read are the peculiar things relating to Aurum conditions of the eye. It has inflammation of the conjunctiva, choroid, iris and retina. It takes hold of the tissues of the eye in general. Well, syphilis does this, taking hold of the eye in just this way and causing a great deal of trouble with infiltrations. Pains round about the eye; the thin plate bones, and the skull bones are all sensitive to pressure; the bones seem tender; periostitis.

Syphilis often takes hold of the ear, affecting the bones of that organ. "Caries of mastoid process, obstinate otorrhœa." Caries of the bones of the ear. "Parotids swollen, painful to touch." "Oversensitive to noises; but music relieves." "Humming, buzzing and rushing in ears." Rushing like the rushing of wind and falling water. "Annoying dryness in ears and nose." Now, this is all like unto the complaints of syphilis, which are cured by Aurum, but Aurum also corresponds to and has cured many times otorrhœa following scarlet fever where there is even entire loss of the drum of the ear and loss of the bones. Of course it does not often restore hearing; this may never be restored, and that is one of the things for you to think about. Patients will come to you for ear troubles, and you may find that the whole ear apparatus is destroyed; the mucous membrane and bones of the ear are all in a state of ulceration and necrosis and the discharge is fetid. The patient consults you in order to have the hearing restored and it may not be possible; stop that ear discharge and restore the hearing are the only two things he thinks about. If you go to-day to our ear specialists and speak about curing the

patient, they would not know what you were talking about; the only thing that would be thought of would be the stopping of that ear discharge as quickly as possible. They would examine the ear to see whether it is intact or not; and if it is not, the hearing is of course gone, and the stopping of the discharge is then all that is taken into consideration. So with all the specialists; some other doctor must take up what comes in some other organ. Now Homœopathy teaches that the *patient* should be treated and the patient only. The whole duty of the physician is to restore health to the patient. We have the nose specialists with their local applications. These things will only bring on bone disease, and tubercular troubles; they stop the discharge from the nose, and of course nature must have a vent somewhere and so she establishes a discharge in the chest; the trouble progresses from the mucous membranes into the lung cells, into the parenchyma of the lungs, and is often of a tubercular character, and then these men turn round and tell you that the bacilli have come.

Aurum is full of nasal troubles, with fetid discharges. The bones of the nose necrose; syphilitic necrosis, the nose flattens down; the bones are discharged, and the nose is like a rag and can be rubbed back and forth. You see these people walking about with the flattened-down nose and if you get near enough to them the stench will almost knock you down. They are nearly all syphilitic. A few remedies have the power of curing this syphilitic nose condition; Aurum, *Mercury* and *Hepar* are three of them. I have cured this state a number of times with *Hepar*. I once cured a fellow after the bones were completely softened, so softened that when the nose was handled it would bend right over; only a sort of cartilaginous structure held the nose in place. I gave that fellow *Hepar* 55m., and it restored the lining material to the bone and it was brought into a healthy state again. It cured him of syphilis after he had been filled in vain with *Mercury*. "Coryza, thick discharge, like white of egg." "Mucous discharge from posterior nares in morning." Tip of nose knobby, red, like *Lach.*; strawberry nose. Little knobs on the nose composed of varicose veins in many heart cases, with disturbance of the right side of the heart; sometimes found in old drinkers and in heart affections generally. Face red and swollen. Aurum

has cured epithelioma of the wings of the nose and lip. Remember the horribly offensive odor from the nose, loss of smell following pains in the nasal bones; nasal catarrh. "Ulcerated, agglutinated, painful nostrils." "Crusts in nose." "Nose feels obstructed as in dry coryza." With nearly all of these nose affections, the patient is bowed down with sorrow, full of grief, wants to die; everything is black; black clouds hang over him and he wants to die. Loathing of life and wants to find some way to commit suicide.

"Puffy under eyes." "Blue about nose and lips." "Face glowing red." "Violent boring in right zygomatic process when walking." "Carious teeth." "Toothache at night." "Foul breath." "Syphilitic ulcers in palate and throat." "Boring in hard palate." This medicine has cured craving for alcohol, the craving of drunkards. It was, I suppose, the basis of the Keely cure.

Another marked feature of the medicine is its ability to harden; enlarge and inflame the liver, induration with cardiac affections; enlargement of the heart and liver. You will notice what a strange relation there is between the heart and liver, before you have practiced medicine many years. It is true the heart helps the liver to do business. When you take into consideration the venous system, the portal system and its close association with the heart in establishing the circulation of blood in the abdomen, and the work that it does in the abdomen as a great receiving apparatus, you will not be surprised to find that heart and liver affections are associated with the hopelessness and despair that I spoke of. Notice, on the other hand, something that will set you to thinking perhaps, in cases of pthisis, none of them is hopeless; they think they are going to get well; the lungs are almost gone with tubercles, but he knows if he could only get up that little something out of the throat he would get well. Notice then that peculiar relation between the lungs and the understanding, and between the heart and the will. With every little trouble located in the heart there comes hopelessness, but when the manifestation of disease is in the lungs there is hopefulness.

Dropsical conditions of the abdomen. "Inguinal hernia." "Tabes mesenterica." All of the glands of the body are involved

more or less. All sorts of disturbances of the sexual organs. "Testes indurated." "Frequent nightly emissions." Complaints as the result of vices. "Hydrocele." "Ulcers on scrotum after gonorrhœa." "Cutting and stinging in perineum." "Condylomata around anus." "Induration of uterus." "Menses too late and scanty." "Uterus prolapsed and indurated." "Leucorrhœa thick white." Complaints in the uterus and region of the pelvis from straining and reaching up the arms; abortion from reaching up at the windows and fixing a curtain, etc. Aurum is a medicine that is suitable for induration of the uterus and ulceration of the uterus as a result of repeated abortions. When you study the loss of affections that is involved in such a state and the affections or lack of affections that are found in Aurum you can see a deep well-grounded similitude in the symptoms, and that is the way to hunt for a remedy. It is in the sphere of the physician to examine into this state of mankind in which he can destroy his offspring and to examine into the nature of remedies producing such a state. We see in Aurum this entire perversion of all the loves of mankind, and finally its entire destruction.

The symptoms of asthma and of difficult breathing you would naturally expect to be associated with the cardiac affections. Notice this also, that the difficult breathing is of two kinds, such breathing as involves the lung, or its associated nerves, and such breathing as involves the heart. So it is we have an asthmatic condition of dyspnœa that is cardiac in character, and dyspnœa that is purely respiratory. These are entirely distinct in character; one belongs to such remedies as have a predominance of action on the affections, and another belonging to those have a predominance of action on the state of intelligence; one will involve the lung and finally bring on emphysema; the other one is entirely different in its character, with irregular heart action, and only secondarily associated with emphysema. Study your pathology with these things in mind and you will be able to perceive the nature of sickness and its results. These things are not mere observation, whims and theories, but are the outcome of studying things from internal to external.

In this remedy, the pains wander from joint to joint and finally locate in the heart. Angina pectoris is often the ending of an old rheumatism that has wandered from joint to joint. "Difficult breathing." If the case goes on a little while, there will be blood spots, and if he lie on the right side the lower part will be dull on percussion and the upper part will be resonant. Palpitation with great agony.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School of Homœopathics.*

LECTURE XXXI.

This third point in the duty of the physician referred to in p. 146 really takes up the balance of the *Organon*.

Par 147: "Of all these medicines that one whose symptoms bear the greatest resemblance to the totality of those which characterize any particular natural disease ought to be the most appropriate and certain homœopathic remedy that can be employed; it is the specific remedy in this case of disease." It is not an uncommon thing in this advanced day of science to read of specific remedies. The old school distinctly affirms that there are only three or four specifics, but almost every off-shoot who starts at something for himself has to a great extent the idea of specifics in him. One of the first things the quack physician seems inclined to do is to commence advertising specifics for headache, for diarrhœa, for this or that. This is altogether opposed to Homœopathy. There are no specifics in Homœopathy except at the bedside of a patient when the remedy has been wrought out with great endeavor and care. Then it may be said that that medicine which is found to be similar to the symptoms which characterize this disease is his specific. Now, there is an emphatic sense in that word characterizes, it is no ordinary expression. We have read in the earlier portions of the *Organon* that the disease makes itself known to the physician by signs and symptoms, and that the totality of the symptoms is the sole representation of the disease, to the physician; but that totality has to be studied to ascertain what there is, among all the symp-

*Stenographically reported by Dr. S. Mary Ives.

toms, that *characterizes* the disease, or marks the symptoms as peculiar. Now Hahnemann commences to analyze the totality of the symptoms for the purpose of giving it character. It has been said in these lectures that it is necessary to do that, that the information that leads up to characterizing is really the information that makes the homœopathic physician wise, by which he has the ability to intelligently understand that which he has to treat. That medicine which is best adapted is the most similar, but you cannot demonstrate beforehand that it is the specific homœopathic remedy, for you may be deceived in your idea of the nature of the case. But when that remedy has acted, then it may be seen that that remedy was homœopathic or specific, or that it was not homœopathic. You have no idea as to what remedy will be homœopathic to the case until you have examined all the symptoms, and then proceed to find out that which characterizes. Put that word *characterizes* in large type. You cannot dwell sufficiently long upon that, because it grows greater and grander with every study of the case, that idea of the characteristic. What is there in this case which makes it an individual, what is there in it that makes it unlike any that ever existed? In the case of the remedy ascertain that which characterizes it, and in the case of the disease that which characterizes it. When these two occur before the perception, before man's mind, so that he can think upon them and see what characterizes each one of them, and he realizes that the remedy is the most similar of all in the materia medica, then he is assured that that remedy will cure, and it only requires to be administered to prove that it is the specific. The homœopathicity is thus sustained, the similitude has been borne out by the medicine having cured. We cannot have the demonstration that the remedy is homœopathic until it cures the sick man; we may only presume that it is homœopathic, or say it appears to us that it is homœopathic, because that which is characteristic of the disease is most similar of all other things to that which is characteristic of that remedy, or vice versa. We may reasonably assume that that remedy is the specific, but the homœopathicity can only be demonstrated by cure. So it does not make a remedy homœopathic simply to be carried in my case. Homœopathic remedies are not homœo-

pathic remedies simply because they have been used by a homœopath. Remedies are not homœopathic because potentized and attenuated or prepared after the fashion of our school. Then to the question, what constitutes a remedy homœopathic? the answer is, that it has demonstrated its curative relation to the patient, after having been prescribed in accordance with his symptoms, in accordance with the symptoms of the patient, the recovery taking place in the proper direction, from above downward, from within out, and in the reverse order of the symptoms. That constitutes a remedy homœopathic, and that constitutes the prescription homœopathic. It is then a specific remedy and in no other sense can a remedy be called a specific. Hahnemann gives his theory of cure in paragraph 148, but you are not compelled to adopt it. Hahnemann himself says it is only a theory, and he only offers it as simply the best in view, but not as binding upon you to accept.

But par. 149 is something that must be accepted, that is, it must be known, and then accepted because it is true. It is a general statement of the results of the homœopathic remedy in the cure of disease. The rejection of this paragraph must effect a separation amongst those who do not believe, and those who do believe. "When a proper application of the homœopathic remedy has been made, the acute disease which is to be cured, however malignant and painful it may be, subsides in a few hours, if recent, and in a few days, if it is somewhat older," etc. From this I am placed under the necessity of acknowledging that if under my treatment such diseases do not subside, I have not found the right remedy. That will force the honest homœopathic physician to seek the proper remedy. Let not the blame be placed upon the failure of the system and of law and order, but let it be placed upon the one who practices it. Just so sure as you find the homœopathic remedy in a case of scarlet fever, just so sure you will see that fever fall and that child improve; while the rash will remain out, nothing of the malignancy of the case will remain, in an ordinary case of scarlet fever; we find that in a few days the child is so much better he wants to go to school. But then we treat the child and not the fever. Just so sure as the physician has in mind the rash of

scarlet fever or of measles as the main element of the disease, he will make a failure, and the patient will not recover so speedily; but as a matter of fact, the homœopathic physician prescribes for the patient on that which characterizes the sickness, even though it be what is called a self-limiting disease. "Diseases that are of long standing, especially those which are complicated, require a longer treatment," etc. In a foot note in connection with that paragraph the first idea of mongrelism comes in.

Par. 150. This treats of one of the difficulties we have to contend with. "If a patient complains of slighty accessory symptoms which have just appeared, the physician ought not take this state of things for a perfect malady that seriously demands medicinal aid," etc., etc. It is right for you, when your patients are under constitutional treatment, to prescribe for a cold, but only when it is not an ordinary one. If the cold is likely to cause serious trouble, then you must prescribe for it; slight indispositions, however, should not receive remedies. You will have patients that will come to you at every change of the wind, at every little attack of snuffles the baby has, at every little headache or every little pain. If you then proceed to change your remedy or prescribe for each one of these little spells of indisposition, you will, in the course of a little while, have such a state of disorder in the individual that you will wonder what is the matter with this patient. You had better give her no medicine at all, and if she is wise and strong and can feel confidence you can say to her that she does not need medicine for this attack; but occasionally give her a dose of constitutional medicine when these little attacks are not on. While you are young and cannot hold these patients with an iron grasp, when they come to you, you had better give them placebo, and let the indisposition pass off of itself. Watch it, however, and it may at the close develop some constitutional manifestations and throw light upon the patient that you have been treating. On the other hand, it is an easy matter to prescribe for severe acute diseases; they are decisive, they strongly manifest their symptoms, they are sharp cut in their expressions, the symptoms are prominent, and you will not be confused as you will be in the slight indispositions. The slight indispositions are nondescript; you do not know what to do

for them. In vain you seek to find that which characterizes them, and hence it is doubtful about any remedy that is administered being of any value. You will be astonished after prescribing a number of years, and your patients have gained confidence in you, that when they come in with these little trivial ailments they won't have them after a few powders of sugar. They will say: "Doctor, my trouble went off splendidly." This is what is meant by letting the little things alone. Severe diseases exhibit a strong degree of symptoms, and hence you have something to do. Par. 151. "But if the few symptoms of which the patient complains are very violent, the physician who attentively observes him, will generally discover many others which are less developed and which furnish a perfect picture of the malady."

SOME ERRORS OF THE LAITY.

By W. A. YINGLING, M. D., Emporia, Kansas.

1. *That the Dose Constitutes the Difference between Homœopathy and Allopathy.*

The difference between the new and old practice of medicine is not merely the difference in dose, but it lies in the application of medicine to the diseased state, in the *reason* for the selection of a given remedy for a given state. This is a fundamental difference. It is the difference between law and chance, between the science of therapeutics and empiricism, between a knowledge of the positive action of medicine on the human organism and an uncertain and possible action. The quantity of medicine to be administered, the dose, is a matter of experience, but the action, the effect on the patient, must be a matter of positive knowledge without any uncertainty, because based upon the divine Law of Cure.

The allopathic doctor is like the mariner sailing his vessel in an unknown sea without compass or chart. He may handle his rudder with seeming skill, he may discourse upon the science of navigation with unction and in scientific language, but his course on the trackless ocean is uncertain, unreliable and unsafe. He

has no compass to guide him and no chart to point out the hidden rocks and shoals upon which he may dash his vessel. When the heavens are clear and bright the stars will point out the general directions of the compass, but having no chart his whereabouts and dangers are unknown, and he is uncertain of his course. He may *try* one course for a time, and if his vessel is not dashed to pieces or ruined he can try another, and still another, each with uncertainty, till finally some fortuitous venture may lead him to a haven of safety. But at what a risk; with what possible dangers. It seems like trifling with human life.

But how different with the *true* homœopathic physician. The seas may be unknown, the night dark and the billows raging high, yet he can firmly hold the tiller and confidently sail forward, for his compass, the divine Law of Cure, and his chart, the written record of the positive action of the drugs upon the human system, are before him to inspire confidence and certainty in selecting the right course. The only question is, does he know and trust his compass and chart? Has he by previous study and research gained confidence in the Law and in the record? Can he trust himself?

The difference is clearly seen in epidemics of entirely new diseases. When a new disease makes its appearance, or a disease in a new form, the allopathic doctor, having no law to guide him, is at a loss to know what to do. The homœopathic physician, if he understands the Law and has studied his chart, can readily select the curative remedy, or, at least, he can select the remedy to control the disease until he is able to investigate more fully. He is not compelled to trifle with human life by experiments with unknown drugs and expedients. This is plainly proven by the effect of the treatment of cholera which made its appearance in Russia in 1831, thence spreading over most of central Europe. The allopathic doctors were at sea and invented all kinds of treatments to be tried, among which "blood letting" was the most prominent. The homœopathic physicians were better able to meet the (to them) new disease, as the records prove. In Hungary out of 1,501 patients treated allopathically 640 died, being 42.63 per cent. Dr. Bakody treated 154 cases homœopathically and lost but six, or 3.89 per cent. The percentage in Vienna of

deaths was: allopathic, thirty-one per cent.; homœopathic, only eight. This shows a fair average in that dread epidemic. The remarkable part of this sad epidemic was that Hahemann, before he ever saw a case of cholera, from the symptoms sent him, accurately prescribed for the disease, and the remedies he selected by the principles of the Law of Cure, based upon his great knowledge of the recorded pathogenesis of remedies, were the curative remedies of the epidemic.

Instead of guessing the number of yards in a piece of cloth, as the allopathic doctors must do, the homœopathic physician has the yard-measure by which he can accurately determine the length of the cloth. The only question is as to the skill and familiarity of the physician with the yard-measure and in the handling of the piece of goods.

The certainty of the Law of Cure is seen in the certainty of the selection of the proper remedy. Among the allopathic doctors there is a vast difference in the treatment of the same disease or condition. It is seldom that two doctors will give the same remedy, except in the daily routine prescribing among the ignorant doctors of quinine, morphine, patent or proprietary medicines, and the like. Even the better class of allopathic doctors attempt to meet the uncertainty of their system in compounding a list of diversified remedies, apparently on the shot-gun plan, in hopes that some one of the numerous drugs may chance to penetrate the armor of disease, or that the scattering shot may bring down one of the flock of symptoms by some good luck.

That Homœopathy is superior to Allopathy may be readily seen in the test made by Dr. S. E. Chapman, of California, in 1889. Purporting to be sick, he wrote a letter to ten of the leading homœopathic physicians and ten of the leading allopathic doctors of the United States, those standing highest in the respective schools. The identical statement of the supposed disease was sent, together with two dollars, to each of the twenty practitioners. Every homœopath sent a prescription, but only eight of the allopaths, two of them pocketing the money without giving value therefor. The result of this test was most remarkable and conclusively proves which school of medicine has the Law of Cure as a guide, and which one is led by the whim

and notion of the prescriber. If there is uniformity in the prescriptions there must be a law guiding the prescribers; if there is a diversity, then the selection of remedies must be entirely based on the whim and notion of the individual doctors. Law brings uniformity and certainty in results; the absence of law, or empiricism, brings only confusion and uncertainty. To the wise no comments are required on the results of this experiment, simply to state that the ten homœopathic physicians *each sent the one and same prescription*, whereas *no two of the allopathic doctors were alike*, and in the compounding prescriptions twenty-five different preparations or drugs were recommended—actually, from the "Lady Webster's Dinner Pill" down to the old stand-by, quinine. (See the Medical Advance, XXIII, p. 436.)

Here are the lists of the various medicines and remedies composing the various prescriptions for the *same diseased condition* by the most renowned prescribers of the two schools:

HOMŒOPATHY: *Lycopodium*.

ALLOPATHY: Harrison's Peristaltic Lozenges.
Tincture of Cinchona compound.
Tincture of Gentian compound.
Acid Hydrochloric Dilute.
Syrupus simplex.
Pepsin.
Bismuth Subnitrate.
Pulverized Glycyrrhiza compound.
Aloe socotrine.
Podophyllin.
Ipecac pulverized.
Extract of Nux Vomica.
Extract of Hyoscyamus.
Extract of Colocynth.
Syrup Aurantii.
Lady Webster's Dinner Pill.
Salicin.
Sulphate of Quinine.
Aloin.
Lactopeptine.
Aqua Cinnamon.

Strychnine sulph.

Pill Rhei compound.

Potassii Cit. Pulv.

Sodii Phos. Pulv.

Law gives assurance and certainty, guiding the ten minds to the one remedy. The *absence of law* makes confusion; there being no guide each mind guesses at the need of the patient.

The superiority of Homœopathy is proven by the results. Very often the general public, looking at the successful practice of the homœopathic physician, takes it for granted that the difference is a mere matter of good luck or chance; that the successful homœopathic physician happens to get the easy cases, while the unsuccessful allopathic doctor, by some hard chance, gets all the very bad cases. This is all sophistry. The same "easy" cases would often be bad cases, and the "bad" cases would largely be easy cases, if the schools of medicine were exchanged in the treatment. *The true skill of the physician is in preventing the patient getting so extremely sick*, when the circumstances of the case permit, as they usually do, and not in carrying the patient to the very edge of the grave as if to see how sick he can get and not die. There are sicknesses that should be usually very mild, but which become very dangerous and grave when badly managed. There are other sicknesses which can be aborted, or cut short in their course, when taken in time and prior to drugging with physic and quinine. It is a matter of experience and observation that the families who use homœopathic treatment *exclusively* are less often sick, and less dangerously so when they do get sick. Very often the most stubborn sickness is that arising from the crude drugs taken, especially from physic and quinine.

The dose is a matter of experience, yet the potency of a remedy is essential to the best results. The two schools of medicine use a different dose, because the object of the administration of medicine is different. The allopathic doctor desires the physiological, and often the toxic, effect of the drug, whereas the homœopathic physician only desires the dynamic effect. The allopath works by contraries, the homœopath by the Law of Similars. It is an unerring law of nature that action and reaction are equal, hence in the use of dynamic effect of drugs in accordance with the Law

of Similars the rebound of the vital force restores the sick to a state of health, whereas the physiological effect very often adds an additional sickness to the weakened economy. This is plainly seen in the allopathic treatment of diarrhœa. The looseness of the stool is overcome without removing the cause of the disease, and, very often, when the vital force is at low ebb, an inflammation is set up and the opposite state of constipation is added to the injury of the individual. It is commonly known that a physic to remove constipation but increases the tendency to constipation, and finally there is no action of the bowels without extreme measures. This is especially noticeable in infants fed upon the various nostrums to keep the bowels open. Nature is the best physician as long as it has the power to act, and the human agency must work along the lines of nature to accomplish the best results. Allopathy is *contrary* to the course of nature in removing disease. On the other hand, these conditions are easily, pleasantly and permanently overcome by the dynamic action of the well-selected homœopathic remedy, and a healthy condition is the result. Homœopathy is *similar* to the course of nature in removing disease.

If one will notice it will be seen that the rapid increase of homœopathic patrons is among the more intelligent class of people, and not among the ignorant. The ignorant man must have an impression made upon his senses to be convinced, he must *taste*, and often gag, to be satisfied that he is being doctored; the fact that his condition has been changed for the better has not as much weight with him as the remembrance of the nauseating doses he has been made to swallow. It seems, in many cases, that he would rather die "scientifically" in the hands of an allopath administering medicine that makes an impression on his senses than be permanently and pleasantly cured by the physician who administers medicine for its curative effect and not for its taste. It is quite different with the intelligent man; he uses reason and common sense, he looks to the results and knows the medicine is active when the result is restoration to health. He uses his mind instead of his stomach and tongue. We do not mean that all the intelligent people are patrons of Homœopathy, but that the patrons of Homœopathy are among the more intelligent people, with but very few exceptions.

2. *That all Homœopathic Physicians are the same.*

It seems strange, and yet it is a fact, that many persons will employ allopathic doctors for a long term of years without any benefit and yet not become discouraged with that system of practice, whereas if they employ one homœopathic physician for a brief period, and do not derive immediate relief, they denounce the entire system of Homœopathy as a dismal failure. They seem to forget that there is a difference between the practitioners of Homœopathy as well as between allopathic doctors. If the allopathic doctor fails his system is not attacked, but another doctor of the same system is tried, and when all fail they believe their disease is incurable, or they keep on trying the system of medicine that has failed. If the homœopathic physician fails through ignorance or incompetency, the practice is a failure and they cease to employ the homœopathic system of medicine. In reality there is a greater difference between homœopathic physicians than there is between allopathic doctors. Homœopathy is a strict science and, to get the best results, must be applied in accordance with strictest law. The mere claim to be a homœopathic physician, or the use of homœopathic medicine, does not make the prescriber homœopathic in any sense. It is not the kind of medicine used that makes the true homœopathician, but the *reason* for the selection of the particular medicine. The allopath may use homœopathic medicine, even in potency, in accordance with his notions of practice, as many do because of the purity and superiority of the homœopathic remedies, and, on the other hand, the homœopath may use the crude remedies of the allopath in strict accordance with the principles of the Law of Cure; but he will not, of course, get the excellent results that he would from the potentized homœopathic medicine, for the crudity would preclude their deep and efficacious action.

There are three classes of homœopathic physicians: those who are sincere and desire to practice Homœopathy, but have not been taught the principles of the system, and hence are crude and very inefficient; those who are dishonest, who know they are not practicing Homœopathy, yet claim to do so for the money there is in it; and those who seek by all their powers to prescribe in accordance with the principles of the Law of Cure. The first

class should be pitied and helped along even in spite of their prejudice and opposition; the second class should be denounced as impostors, for they are not what they profess to be, and know it. Both of these classes do Homœopathy much injury, and by their failures bring reproach upon and destroy confidence in the true system of medicine as taught by Samuel Hahnemann.

Homœopathy is a distinct system of medicine and is fully defined and its tenets explained in the various writings of Hahnemann, its founder. But for these lucid writings, especially the *Organon of the Healing Art*, each practitioner would be at liberty to use his own notions, as allopaths do; but having such a system of medicine so clearly revealed it becomes the duty of each practitioner to abide by the Law of Cure and practice in accordance with the teachings of the founder. To do otherwise and claim to be a homœopath is not strictly in accordance with the principles of right and equity. Many physicians do the best they can with the light they have, but fail through prejudice to seek more light by a careful study of the writings of the master. Honesty at least compels every practitioner of the system to sincerely investigate, to test the claims of Hahnemann, and then, as Hahnemann requested, publish the failures to the world. It is a fact that every one who has thus sincerely tested the system has become a faithful follower of the teachings of Hahnemann. It is also a fact that the position and high standing of Homœopathy in the opinion of the general public today is in consequence of the faithful work of those men who were the closest imitators and students of the writings of Hahnemann. Those who fail and migrate back to Allopathy, those who bring discredit on the system of medicine known as Homœopathy, do not only fail to practice as Hahnemann taught, but the mass of them do not understand the principles of the system, and, failing to comprehend the tenets, apply medicines to disease in almost every other way than in accordance with Similia, the exact Law of Cure, and the result is very far from satisfactory, often discouraging and generally demoralizing. On the other hand, those who study Hahnemann's writings carefully and follow his teachings closely are not only successful, but become ardent supporters of the system. Such physicians never claim to practice both systems of medicine,

nor to select the best from all systems, which upon its face is an open acknowledgment of ignorance and insincerity, but to practice in accordance with the strictest tenets of Hahnemannian Homœopathy. In such a course there is self-respect and honesty.

In Homœopathy, as well as in all other systems of medicine, the success of any individual practitioner depends largely upon his learning, discriminating judgment, acumen of mind to perceive and comprehend, a comprehensive knowledge of the principles of medicine, as well as the armamentarium, the *Materia Medica*, the nature of disease, pathology, skill in diagnosis and a well-balanced mind unswayed by prejudice. His skill will be in proportion to the degree he possesses these requisites of a successful homœopathic physician. It is no little thing to be properly equipped for the successful practice of medicine. Not every man can be a physician, no matter what his learning. The true physician is *born*, not made; he must have adaptability, affinity, as well as acquired knowledge. With a modicum of knowledge the born physician will be much more successful than the made doctor.

A simple statement of some of the essential principles of Homœopathy as taught by Hahnemann will aid the laity to distinguish between the true and false homœopath, and to know what to expect from a homœopathic physician.

The foundation principle of Homœopathy is *Similia Similibus Curantur*, similars cure similars. If it were "identicals cure identicals" (*idem*), then the man suffering from poisoning by corrosive sublimate would receive material doses of the same; that is, he would be poisoned to be cured of the poison. The author of the gibe "the hair of the dog will cure the bite," together with all who use such expressions, shows the greatest ignorance, for there is not the remotest principle of Homœopathy implied in such expressions. The Law of Cure refers to a diseased state, not to a toxic state. The toxic state must be met by an antidote, the poison must be removed from the system. The results following the immediate action of the poison become a diseased condition amenable to the prompt action of a well selected homœopathic remedy. The homœopathic physician must prescribe for the *diseased* state a remedy known to produce a *similar* (not identical) condition upon the healthy human organism.

This diseased state will be known through certain expressions of the system known as symptoms. When the physician carefully writes down the symptoms of the sick, he can compare the various pictures produced by the remedies upon the healthy and select one remedy similar in its general action to the case in hand. The homœopath can have no remedies for the name of disease, he can have no cure-alls, but he must make a careful selection of a remedy suited to each individual case. The picture of the remedy must be similar to the picture of the disease. Cough mixture, ague drops, rheumatism lotions and all such are directly inconsistent with and antagonistic to the principles of Homœopathy. It is the *patient* that the homœopathic physician must treat, and not the name of disease. To treat the patient in hand he must have a knowledge of the symptoms produced by the remedies upon the healthy *human* organism. It is only the ignorant doctor that gives morphine for all kinds of pain, aconite for all fevers, quinine to nearly all patients, and so forth. The homœopath can have no fads, no favorite prescriptions, no omnibus compounds; he must be a *physician* and not a "medicine man." The Law of Cure must be his sole guide in the treatment of his patient. The remedy administered must be especially selected for the individual case as the symptoms indicate.

As the remedies must be selected in accordance with their action or effect upon the human organism, the *single* remedy becomes the rule as each remedy has been proven separately. Every remedy has an effect on the patient and as the remedies have not been proven upon the healthy in alternation, no one can know with certainty, even approximately, what effect two or more remedies will have upon the sick. Hence, as the true physician does not experiment upon the sick, but one remedy must be given at one time, for of the effect of one remedy alone have we any positive knowledge. This is in accordance, not only with the teaching of Hahnemann, but of all the best and most successful homœopathic physicians in all countries.

It has become a habit with many half-hearted and timid homœopathic doctors to use two or three, and at times even more, remedies in alternation, thinking thereby to counterbalance their

ignorance and inability to select the one remedy that would most pleasantly, quickly and homœopathically cure the case in hand. One doctor was so mixed-up in his mind that he called for *seven* glasses, into each of which he dropped *three* different kinds of medicine, twenty-one in all, saying, on the remonstrance of the more intelligent patient, that a desperate case required desperate measures. The only desperation in the case was the ignorance of the doctor, for neither he, nor any other, could possibly foreknow the complicated action of such a mixture and alternation. Such a doctor has not the remotest idea of the principles of Homœopathy.

The homœopathic physician cannot use allopathic adjuncts and agencies, for all these are inconsistent with the Law of Cure. The true physician must aim to CURE and not merely to palliate by the aid of these adjuncts. Morphine, quinine, liniments, proprietary (patent) medicines, plasters, compound tablets (*falsely* labelled homœopathic), pills or salts for physic, and all such things are *never* homœopathic, always imply deceit on the part of the professing homœopath, and are very often hurtful and prevent a cure.

3. *That there is no Harm in taking Home Remedies.*

When crude drugs are administered for the physiological effect solely, as in allopathy, home doctoring does not often materially interfere so far as the action of the medicine is concerned; but such doctoring always interferes more or less with the action of the delicate homœopathic remedy, and frequently does much harm to the patient.

Nature seeks an equilibrium, and in health that equilibrium is maintained, but in sickness it is lost. The object of all medicine must be to restore the equilibrium, to assist nature in getting back to an equilibrium. It requires but a very little influence to disturb the equilibrium of a delicate balance, or to prevent the restoration when once disturbed. Every remedy taken into the system has an influence, affects the equilibrium, to the degree of the sensitivity of the individual. A coarse-fibered, low-nerved, dull minded person is not affected to as great a degree, nor as seriously, as the delicate, intellectual and sensitive person. Yet all are more or less affected, and even the coarsest in time become

more seriously affected. While there is no data upon which to base an estimate, yet it is not out of the way to say that one-third possibly one-half, of the suffering and ailments of civilized man come from the deleterious practice of taking so much physic and injurious drugs of various kinds. The culpable habit of ignorant doctors promiscuously administering pills, quinine, morphine, teas, or some favorite compound for every ailment has led the people to think that such practices are not injurious, and that they can doctor themselves as well. It would be much better, and less dangerous usually, to have no doctoring at all, giving nature a fair chance to restore the equilibrium, than to employ men who guess at the complaint and administer medicine without thought or reason, or to use home remedies without a knowledge of their action and effect on the system. If such drugs have no effect on the system there is no use taking them, and if they have an effect, which they always do, then only the well-informed and competent physician can know that effect and the results following.

Patent medicines are more dangerous than these simpler drugs, because they are usually a throwing together of a number of remedies to cover a very large range of symptoms, and hence are more injurious because of a greater disturbance of the vital force. Very often the alcohol in the compound will make the person feel a little better for a while from the stimulation, or the cathartic drug will act on the bowels; but the after result is always a rebound, leaving the patient lower, or in a worse condition than before. Patent medicines are prepared for the money that there is in them, and not for the curative effect. As long as people will buy them, just so long will there be men who will supply them. "Money makes the mare go." The manufacturers of such stuff love the "dear people" for the money they get from them and not for themselves. The vilest of all this patent medicine is that labelled "homœopathic."

This reasoning also applies to external medicine, liniments, plasters, mustard, and the like. If they have no effect they do no good, and hence are more than useless. If they have an effect they disturb the equilibrium, interfere with internal treatment, and very often do much harm. There may be a diversion

of the mind because there is something being done, but with the person of reason and common sense it is better to do nothing than to do the wrong thing. When suitable the external application of heat, dry or moist, or the hot water bottle, or gentle massage, will be a diversion and not do any harm.

The same objections are to be made to the thoughtless and indiscriminate use of homœopathic remedies from the family case. These remedies should only be administered after carefully considering the case and then selecting the one remedy in accordance with the demand of the symptoms. No one should take these remedies *ad libitum* thinking they are harmless. It is wrong and often harmful to give *Aconite* for a fever, *Belladonna* for a headache, *Arsenicum* for a cold, *Rhus* or *Bryonia* for rheumatism, and the like. The remedy most suitable for the patient must be selected. Almost every remedy has some kind of fever, headache or pain, and the one remedy most similar to the diseased condition must be most carefully searched after till found. It is much safer to wait till the proper remedy is found than to wait on the uncertainty of a guess.

When a physician is employed *no* remedy, internally nor externally, should be used. If you wish to hold the attending physician responsible, the only fair and honorable way is to follow his directions implicitly and do nothing except as he directs. This course is the only one in justice to the physician and for safety to the patient. When other remedies or agencies are used the physician cannot know whether his treatment is correct or not, as the delicate vital force is more or less affected by all such means. Many sicknesses are greatly prolonged and made critical, that would otherwise be promptly cured, by the indiscriminate use of home remedies, especially of physic and quinine.

4. *That it will do no Harm to Deceive the Doctor by withholding Unpleasant Facts.*

It is seldom a patient intentionally deceives his physician, but very often most important symptoms are withheld from modesty or because they are unpleasant facts. Possibly the reason is more often in the simplicity of the symptom. In Homœopathy every symptom is of value, and frequently the more simple are the most valuable because they are idiosyncratic, peculiar to the patient.

Certain symptoms point to the character of the disease; these are valuable in diagnosis, in naming the disease. Other symptoms have no reference to diagnosis, but point to the peculiarities of the diseased state in the individual patient; these are the most important, and sometimes essential, in the selection of the homœopathic remedy, and without which the best prescriber would probably be unable to find the curative remedy with certainty.

With every true physician the secrets of a patient are held inviolate and sacred, even if a change in doctors is afterward made. The true physician must be a man of honor and principle, he must respect himself and his patient. Hence the patient need have no fear of any secrets or unpleasant facts being revealed. The patient must respect his physician and have confidence in his integrity so as to reveal unto him every fact pertaining to his condition, every symptom that may in any way have a bearing on his diseased state. A person is very foolish to employ a doctor in whom he can have no confidence morally. A bad man cannot be a good homœopathic physician, and seldom a successful practitioner of any system. With some thoughtless people the more unsavory a man's character the greater becomes his ability, both in medicine and in the legal profession. A physician requires the clearest mind, the most discriminating judgment and self-respect to be at his best; immorality, intoxication or a vitiated moral character are incompatible with these, and hence the most skillful physician must be a man of good morals and sobriety. With such a physician no one need fear to relate his most private diseases.

But very often the simplicity of the symptom leads the patient to believe that it is unnecessary to give it, or the symptom may be so long standing and so constant as to be reckoned a permanent source of discomfort, and that it is useless to increase the list of symptoms by stating it. Yet these very symptoms may be essential to complete the true picture of the case, and without which a cure would be impossible. Hahnemann says, "the more *striking, singular, uncommon and peculiar* (characteristic) signs and symptoms of the case of disease are chiefly and almost solely to be kept in view" in the selection of the curative homœopathic remedy.

The patient who withholds any fact or deviation from health, any kind of symptom from his physician, is standing in his own light and at least prolongs the time of cure. This is true even if the symptom seems to have no connection with the disease, or if it should seem too remote from the more distressing complaint. In Homœopathy the name of a disease is not treated, *but the patient*; hence to get a complete picture of the patient's state or condition every symptom from head to feet, inside and outside, immediate and remote, must be related fully.

The patient that deceives his physician intentionally cannot expect to be cured and has no one to blame but himself for the failure. The patient who is careless in giving his symptoms, or who is too indolent, is but very little better and is unworthy any sympathy. The ideal patient is the one who watches his condition, notices every deviation from health, notes every sensation or peculiar feeling, and *writes* them down at once so nothing is forgotten and the prescriber has a complete picture of the patient's condition. The little symptoms, the little complaints, must be looked after carefully, for the "little foxes spoil the vine."

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

JUBILEE YEAR!

The 48th annual meeting will be held in Albany, Tuesday and Wednesday, February 13 and 14, 1900.

Please make a special effort to attend and bring your contribution to the "experience meeting" in *Materia Medica*.

JOHN L. MOFFAT,
Secretary.

17 Schermerhorn street, New York (Brooklyn).

DEPARTMENT OF CLINICAL MEDICINE

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the Organon.

DIPHTHERIA.

PROF. KENT.*

This disease is generally looked upon with terror, and well it may be, as it demands more than ordinary knowledge to conduct its victims to safety. To say that Homœopathy is wanting at the bedside of these cases is far from true. It cures all cases where good vitality is present and where its remedies are wisely administered. To assume or admit that our lack of knowledge must be a common cause of so many failures is both true and untrue. It is true that more knowledge is required than the ordinary homœopath possesses, or he would not be compelled to admit the several deaths in his confessions and reports. But to say that our knowledge and Homœopathy in its present state of development could not be expected to do better is far from true. Our science is now developed to a high state of perfection, but individuals often fail to apply it in this disease with wisdom and judgment, and therefore lose many subjects.

The disease is not constantly with us, and when it comes it generally assumes a form unlike its previous appearances; and by the time the physician has carefully looked into the epidemic phases and remedial agents it has gone, leaving upon his hands severe and unfavorable terminations to cause regret and disappointment. The physician of studious habits and active practice, however, may so keep in touch with his principles and *Materia Medica* as to keep his death list remarkably

*An address delivered to the Bœnninghausen Society.

small, but it must be observed that he does not prescribe for every symptom that shows itself on the instant of its appearance. I will venture to say that any physician's death list will be large, if he hurries into the bed chambers, looks at the tongue, takes the temperature, feels the pulse, looks into the throat, makes a culture, disinfects the house, washes the throat with antiseptics, etc. I will also venture to say that any physician's death list will be remarkably small if he goes to the sick room and observes all the symptoms of the patient, all the surroundings of the house and room, sees all the obstructions, and knows the full purport of all things there, waits and watches the development of the sickness until its every feature has been manifested, if he knows when that time has come, and then carefully compares all the symptoms of this sickness with the symptoms of the homœopathic *Materia Medica*, and knows how to select the potency, how to administer it, and when not to give it.

How many of you can say all these things of yourself? How many of you do it in just this way? Do not most of you entertain the idea that you must make great haste to get medicine into that child's stomach or it will get worse? Do not the most of you fear that the people will turn you off and get another physician if you do not do something at once? Do you know of any other class of work that would not be jeopardized and ruined by such haste as all of you do at the bedside in one of these serious sicknesses? If you are not guilty of this charge then you are not hurt, but it is so true of so large a number of our best men that no harm can come from hearing about it. To go to the bedside with fear and trembling is death to the sufferer. To go to the bedside with confidence born of knowing and from having trusted our means of cure so long, means life to the patrons of Homœopathy. It is not that you are ignorant of your principles and your *Materia Medica*, but that these are not invoked at the time of greatest need. Through fear and haste you act and fail, whereas you should watch and wait and discover there is no hurry, and if the sickness has not yet shown what medicine this life stands in need of, wait even if you go and come repeatedly. Let it develop until its character is stamped upon the case so that no mistake can be made.

A mistake in the first remedy nearly always means death, or at least it masks the case. It would be strange if you, who know so much about the art of healing, could make a first prescription of a remedy so far from similar that it did not act. You know if it is similar at all it will make changes in that symptom image, and if it is similar enough it will cure; therefore you need not hope that if your first prescription did not cure it was so dissimilar it was harmless. You must expect to cure, or begin the cure with the first prescription; then all is easy, as the changes now observed are such as bring joy to the hearts of the family and to the doctor. You must, therefore, never prescribe on the first flitting evidences of the sickness, but according to the true saying: "First be sure you are right and then go ahead."

The first prescription, when correctly adjusted to the symptoms, will cause the membranes to fade out and all the characteristics of sickness with it.

The first prescription, when incorrectly chosen, will most likely change the symptoms, but the patient will go on from bad to worse and the next prescription must be a matter of guess-work, as the index has been spoiled, and hence the mortalities.

You know enough about your *Materia Medica* to do good work if you apply it properly. The *Materia Medica* is full and rich, and the Repertory points out the general and particular features. Guernsey's cards are most useful aids. They are correctly compiled and within the reach of all. It is not more *Materia Medica* that is needed, but a correction in the faults at the bedside. The careful follower of all Hahnemann's instructions in *taking the case* will avoid the errors I have mentioned, and save the necessity for a *kind and generous counsel* to say: "The treatment is just such as we would have given had we been here in the beginning!!"

To find out which remedy to give is the important matter to be considered. The characteristics of a fatal case of this disease are as follows: 1st. No individualizing symptoms. 2d. An ignorant physician, and this is the commonest cause of failure. The patient might as well be sick without symptoms as have plenty of symptoms and a doctor who knows not the meaning of symptoms.

A favorable prognosis may be made where there are plenty of symptoms to indicate a remedy and there is a doctor present who

knows how to read these signs of nature. Always consider first that which is not commonly found in this disease and examine the remedies having such striking features.

The exudative inflammation in the throat, nose or larynx, with the marked weakness and zymotic manifestations grouped as diphtheria, finds for remedies the following: *Acet. ac.*, *Ail.*, *Am. c.*, *APIS*, *Ars.*, *Arum. t.*, *Bapt.*, *Brom.*, *Bry.*, *Canth.*, *Caps.*, *Carb. ac.*, *Crot. h.*, *Elaps.*, *Hep.*, *Iod.*, *KALI BI.*, *KALI CHL.*, *Kali mang.*, *Kali ph.*, *Kreos.*, *LAC C.*, *LACH.*, *LYC.*, *Merc.*, *Merc. c.*, *Merc. cy.*, *Merc. i. f.*, *Merc. i. r.*, *Mur. ac.*, *Nit. ac.*, *Phos.*, *PHYTO.*, *RHUS T.*, *Secale*, *Sul. ac.*, *Sulph.*, and no doubt many others.

It often happens that the nurses speaks of the suffocation as soon as sleep comes, which is a symptom that often leads the neophyte to *Lachesis*, but this remedy may not cover the rest of the symptoms. The following remedies should be consulted, as they all have it as well as the general zymotic state, weakness and exudation: *Am. c.*, *Bry.*, *Arum t.*, *Crot. h.*, *Hep.*, *Kali bi.*, *Lac c.*, *LACH.*, *Lyc.*, *Phos.*, *Rhus t.*, *Sulph.*

The constant picking at the lips and nose has often pointed to *Arum. t.*

A type of cases is often observed where bleeding is an alarming sign; bleeding from nose, mouth and throat, when *Bry.*, *Crot. h.*, *Lach.*, *Phos.*, *Secale*, *Sulph. ac.*, would be the group to examine.

The odors from the mouth sometimes become important and lead to the study of remedies having putrid odors: *Apis*, *Arum t.*, *BAPT.*, *Bry.*, *Carb. ac.*, *Crot. h.*, *Kali bi.*, *Kali. chl.*, *Lach.*, *Lyc.*, *MERC.*, *Merc. c.*, *NIT. AC.*, *PHYTO.*, *Rhus t.*, *Secale*, *Sulph.*

The well-known mercury breath always leads to the examination of the various preparations of that remedy, such as *Merc.*, *Merc. c.*, *Merc. cy.*, *Merc. i. f.*, *Merc. i. r.*

The ropy, stringy mucus coming from the throat and air passages is often an important factor and the following remedies are to be examined: *Apis*, *Arum t.*, *Carb. ac.*, *KALI BI.*, *Lach.*, *Merc.*, *Merc. c.*, *Merc. i. f.*, *PHYTO.*

if white, *Lach.*

if yellow, *KALI BI.*, *Lach.*

If the liquids which the patient attempts to swallow come out

the nose, consult: ARUM T., Canth., Carb. ac., Kali bi., Kali ma., Lac c., LACH., LYC., Merc., Merc. c., Merc. cy., Phyto., Sul. ac.

The gangrenous aspect of the throat is found in: AIL., Am. c., ARS., Arum t., Bapt., Carb-ac., Crot. h., Lach., Kali. ph., Kreos., Mur. ac., Nit-ac., Phyto., Secale, Sul. ac., Sulph.

When ulceration is notable: ARS., Arum t., Bapt., Chlor., Hep., Iod., Kali bi., Lac c., Lach., MERC., MERC. C., Merc. cy., Mur. ac., NIT. AC., Phyto.

When swelling of the external throat and cervical glands is a marked feature: ARUM T., Lach., MERC., Merc. c., Nit. ac., RHUS T.

The following remedies have the disposition to constant swallowing observed in some cases: Arum t., Hep., Lac c., Lach., Lyc., Merc., Merc. i. f.

from a lump in the throat: LACH.

The difficult swallowing in this disease is so common it can scarcely be taken as a guiding feature. Yet sometimes empty swallowing is very painful when solids can be swallowed easier and then the following should be inspected: Crot. h., LACH., Lac c., Merc., Merc. i. f., Merc. i. r.

Pain when not swallowing or pain amel. by swallowing is often important: CAPS., IGN., Lac c., Lach.

The marked distress in touching the throat is often a guiding feature and then Apis, Brom., Bry., Lac c., LACH., Phyto. becomes a group of importance.

The pain is marked in some cases when anything warm is brought in contact with the throat, warm drinks, etc.: Apis, LACH., Lyc., PHYTO.

When cold things agg.: ARS., HEP., LYC., Sabad., Sulph. are to be considered.

The membrane has too many features to be examined in this short paper, and hence a repertory must be consulted. But when the exudation is predominantly on the right side: Apis, Ign., Lac c., LYC., Merc. Merc. i. f., Phyto., Rhus. t.

When it extends to the left: Lac c., LYC., Sulph.

When predominantly on the left: Brom., Crot. h., Lac. c., LACH., Merc. i. r.

Extending to right: Lac. c., LACH.

When the exudate alternates sides, LAC c. stands alone.

When the exudate is predominantly in the nose: Am. c., *Kali bi.*, *Lyc.*, Merc. c., Merc. cy.

When it extends to the nose: Kali bi., Merc., *Merc. c.*, *Nit. ac.*

When the larynx is the locality affected the state is far more serious and the following remedies must be consulted: Am. c., *Apis*, Arum t., BROM., Carb. ac., *Hep.*, *Iod.*, *Kali bi.*, Kali mang., *Lac c.*, *Lach.*, Merc. cy., Merc. i. f., *Nit. ac.*, PHOS., Sang.

When extending into the trachea: *Iod.*, KALI BI., *Phos.*

DIPHTHERITIS.

GEORGE P. HALE, M. D., Memphis, Mich.

March 26th.

MRS. B.

Found patient complaining with aching all over; violent back-ache *not* ameliorated from urination; aching in legs, constantly shifting them to get ease; *no* red sand in urine.

Right side of throat very sore, with two white patches on tonsil.

Pain streaks into right ear and side of head when swallowing.

Tongue moist, with dirty yellow coating.

Bitter taste; nothing tastes natural.

Cold or warm drinks make but little difference when swallowing.

Great prostration. Has been ill only 24 hours.

Lyc. 200 every 2 hours.

March 27th, A. M. Patient better in all respects except the throat, which looks even worse, as right tonsil is completely covered with a dirty gray patch. Tea tastes natural and she has eaten a few crackers.

Much pain in right head, < swallowing.

Much perspiration during sleep and quite prostrated.

Merc. cyan. 30th every 2 hours.

March 27th, evening.

Marked change for the better.

Tonsil clear and smaller.

Pain in head gone.

Can swallow readily.

Stronger in every way.

Food tastes natural.

Less thirst.

Patient remarked: "Doctor, I am now convalescent."

Continue remedy.

March 28th. Patient dressed and sitting up.

Vastly improved. Placebo.

March 30th. Patient called at office to pay the bill.

RAPID RESULTS FROM GELSEMIUM.

LYDIA WEBSTER STOKES, M. D., H. M., Philadelphia, Pa.

CASE I. The first collapse in a case of neurasthenia.

When I saw the patient at nine o'clock one evening she was lying propped up in bed, with eyes closed, dark circles under them and face very pale. There was frequent spasmodic jerking backward of the head, when a distressed look would come into the dull eyes.

Miss M. kept exclaiming, "Oh, my head!"—or murmuring in exhausted tones: "I am *so tired!*" or asking: "Where am I?" with a startled and puzzled gaze about the room; her speech was difficult in the extreme, stammering, slow, with contortions of the face and evident mental distress.

The patient's whole head was hot and aching intensely—throbbing in the vertex and occiput—indeed, the throbbing and aching was extreme in the entire spine, and the pain seemed to come through the body to the stomach and abdomen. Her feet and limbs were cold and "felt dead."

I found that Miss M. had been sleeping but two or three hours each night and having frightful dreams. The position she held was one of great responsibility and she was under heavy nervous

strain—suffering with much headache, eating very little and keeping up on black coffee—a cup of which had been given her just before I arrived.

I prescribed Gels. 1m.—which relieved the worst symptoms in an hour and brought sleep soon after. The patient passed the best night she had had for a long time, and the next morning talked naturally, reporting the spine better, but very sore, while the head felt as if a heavy weight were crushing the top and the occiput still throbbed. The remedy was repeated at noon. In the evening she was in more pain and was flighty and bewildered at times, with stammering speech and jerking head. Gels. 1m was again given at midnight; it quieted her and gave a fair night, with marked improvement the next day—indeed, the patient said she felt better than for weeks. This continued with better sleep and appetite—so that in four days Miss M. was able to go to the country.

Of course, the case was not cured with these three doses—it remained under treatment for some time—but the rest of the story does not belong in this paper.

CASE II. Grip. One evening I was called to see Miss F., and found that she had been suddenly taken ill in the afternoon; her temperature was 103°, pulse 120, face flushed and hot, head and eyes aching severely—"a beating pain." She had also general aching, with jerking and twitching of the arms and legs. Her hands felt numb, throat was dry and sore. I gave Bell. 1m., and expected, from previous experiences, to find my patient nearly well by the next day; but on the contrary she had had a wretched night and her head was no better, although the general aching was relieved and the temperature had fallen one and a half degrees. Her tongue was covered with irregular white patches—very peculiar in appearance; she cared for no food or drink, was restless, but seemed dull and heavy and like a very sick girl. I did not change the remedy until evening, when Miss F. was even worse—muttering and moaning—almost "out of her mind" with the intense pain in her head. She said it was worse at the back, but the throbbing seemed to be in the middle of the brain.

Neither hot nor cold water relieved, nor pressure, but it was

worse on lying down after sitting up. The temperature was again 103° , the face flushed, but a darker red than before. I prescribed Gels. 30 in water, and next day was pleased to find how quickly it had done its work.

Miss F.'s head was sore, but had no pain, and her temperature was 99° . The following day she announced that she was "all well" and the day after that she was able to go out.

CASE III. Neuralgia. While having a heavy cold Miss L. had been suffering from aching and burning of the eyes. This gradually concentrated into an intense pain in and over the left eye, like a toothache, with shooting pains at times. There was general headache and swelling all around the eye. Spigelia did not benefit—the patient grew very nervous and was nearly frantic with pain. Gels. 50m. relieved entirely in about an hour, the patient slept better than for three nights and the next day complained of only a soreness above the eye.

JULIUS SCHWEIKERT.

The *Hom. Klinik* thus mentions him: On the 25th of April, 1876, died, after prolonged sufferings in Moscow, my brother, the Imperial Russian Counsellor, Julius Schweikert, M. D. He was the oldest son of Dr. George August Benjamin Schweikert, who rendered such great services to Homœopathy and to its diffusion. Born in Wittenberg in the year 1807, he in 1815 accompanied our father to Grimma, in the kingdom of Saxony, where the latter had been appointed as city physician as well as physician to the Royal School there. After receiving his high school education at this institution he entered the University of Leipzig, where he studied medicine. Even during the last two years of his study he acted as the visiting assistant in the homœopathic practice of the genial Dr. Moritz Mueller, busy in a widely extended practice. In 1831 he received his degree. His dissertation: "Questions concerning the salutary effect of the homœopathic method in curing diseases, confirmed by examples of the most brilliant success," caused a great stir in the University of Leipzig, because it was the first time that Homœopathy was there publicly defended in a dissertation. A great number

of severe cases of disease cured by homœopathic treatment which the author had witnessed either in his father's practice or more especially in that of Dr. Moritz Mueller was herein communicated. After having thoroughly studied Homœopathy, also theoretically, and after having had the opportunity of witnessing its excellent success for several years by the sick bed, at the recommendation of the homœopathic physician, Dr. Hermann, in Petersburg, he was offered the position of physician-in-ordinary with the Russian Kuralim, in the Government of Orel, in South Russia. In the Spring of 1872 he entered on this position and treated, most successfully for five years, the prince, already well advanced in years, his numerous family and all the inhabitants of his extensive domains. He was also frequently consulted in cases of disease among the neighboring noble proprietors of estates and was finally prevailed upon by them to settle in Moscow, where most of them were accustomed to pass the greater part of the year. It was therefore not to be wondered at, that from the time that he settled in Moscow he enjoyed the greatest confidence and an extensive patronage. But he was also exposed to many infestations on the part of the allopaths so that the proverb proved true also in his case: "Many foes, much honor." Soon he was appointed physician to the Agricultural College. In the year 1842, he was on the imperial order appointed physician in the imperial foundling hospital, and in 1843 he received the rank of Titular Counsellor. Soon after, by confirmation of the Minister of Education, while retaining his other positions, he was appointed physician in the gymnasium (high school) of the nobility, with the title of Assessor of the College. In the year 1854 he became physician at the Imperial Widow's Asylum and received the Buckle as a reward of fifteen years unblemished zeal in the service. In 1856 he was appointed Aulic Counselor, and at his request he was set free from service at the gymnasium. In 1857 he received the Order of St. Stanislaus, of the 3d rank. In 1862 he received the Order of St. Anna; in 1865 the Order of St. Stanislaus, of the 2d rank; in 1872, the Order of St. Stanislaus, with the Crown; in 1875, at last he had the pleasure of receiving the Order of the Holy Wladimir as a reward of thirty-five years service.

Ever since his removal to Moscow, my brother had made every effort to secure the means for founding a homœopathic hospital. Since all his endeavors were in vain, one of his patients, Prince Leonid Galitzin, well-known and highly esteemed for his charity and noble sentiments, determined to establish a homœopathic hospital at his own expense and to entrust its medical management to my brother. The most brilliant results were shown in this institution. During two epidemics of cholera, the severest cases were treated here; no patient, no matter how hopeless his condition, was rejected, while the reception of such severe cases is frequently refused in many other hospitals. I am sorry to say that this institution, so blessed in its results, had to be closed after the death of the prince, owing to a lack of means.

This disappointment and the failure to see this institution, the darling of his fancy and the object of all his care, grow up to great proportions caused him the greatest sorrow. From the side of the opponents there was developed a strong opposition to this hospital; the papers contained the most virulent attacks upon it, revolting from their untruthfulness; but no defense, either direct or indirect, either in Moscow or in Petersburg, was received. This mortification was so great that he never quite overcame it. In the last year he observed in himself the symptoms of diabetes and he became weaker and weaker, and ever since November he was unable to attend to his practice. The most careful nursing by his wife and his daughters did not avail to ward off inevitable death, and he finally succumbed to his sufferings, universally esteemed, loved and lamented. [Extracted from Dr. Bradford's *Pioneers of Homœopathy*.]

DR. KENT'S REPERTORY.

MAYBELLE M. PARK, M. D., H. M., Waukesha, Wis.

Dr. Kent's Repertory is now complete, and all competent judges give it a place among the masterpieces of homœopathic literature. In its comprehensiveness, its accuracy, and its adaptability to practical work, it ranks with the Chronic Diseases and the Guiding Symptoms.

Some say the *Materia Medica* is too large, that it must be simplified, made more concise and easier to use. That is the cry of the lazy man, and he has no place in Homœopathy. Not a symptom can be spared from the *Materia Medica*, it must be constantly built up and added to; with all its wealth of symptoms, we still hear cries of pain that we cannot translate into known phrases, agonies and sufferings that are not perfectly pictured in our known drug images; we must keep on searching, working and proving until the healing virtues of every curative substance are known, then will we have a *Materia Medica* that shall rejoice the doctor's heart and make glad the suffering humanity.

No one can begin to memorize the *Materia Medica*, even as it stands to-day; we see attempts at it, but it only results in key-note prescribing, and that is not practicing Homœopathy. No one can prescribe accurately on one symptom, no matter how prominent that symptom may be; to prescribe homœopathically, the whole disease image must be perceived and compared with the whole drug image; then may the doctor hope to cure gently, quickly, and permanently.

Therefore, to make the *Materia Medica* practicable and bring it within the scope of ordinary comprehension and use, for it cannot be simplified or detracted from one iota, we have the repertories; these are the intermediaries between the doctor and the *Materia Medica*—the handmaidens guiding and directing the sick to the fountain of life. The most valuable of these repertories is the one just given to the world. Dr. Kent's Repertory is the result of fourteen years of unceasing labor. Let any one take one rubric in the repertory, look up every remedy given, trace it to its source and to all the sources possible; then weigh and consider the value of those sources; and, lastly, decide upon the relation of the symptom as caused by that drug and as caused by the other drugs in the rubric. By that time any painstaking mind will recognize the vast amount of work necessary under the many thousands of rubrics in the entire repertory.

Dr. Kent has been working in a great mine. There was a mountain of precious metal, but none of it was pure and clear from dross—the ore had to be smelted and refined, the pure gold extracted and freed—and no mind to-day was better able to do

this smelting process than the one that was devoted to this great work. No one to-day has a greater insight into drug action, or perception of the drug image and its curative power than has Dr. Kent.

Dr. Kent invites all to join heartily in adding new rubrics to the vast number already given, to send in names of remedies that should be under the present headings, giving the source and reliability of the symptom. That errors creep in to such a vast work none will deny, and no one will welcome corrections or additions more cordially than the author, who claims the fallibility of all authors and publishers. But even without this allowance, the work surpasses any effort of the kind ever made. It fills a long-felt want and increases the power of the doctor an hundred fold.

In the arrangement of the rubrics, Dr. Kent has followed his well-known method used in lecturing on the remedies, first giving the generals, then going to the particulars. For example, under Diarrhœa, after the long list of remedies having that common symptom, there follows the general of time—morning, night, etc.; then comes the particulars—acids, air, alcohol, etc.—in alphabetical order.

A very original and valuable feature of the work is the rubric "pain" under all the different regions; so many patients give the symptom of pain in a certain region, but cannot give the character or any modality, so this rubric, with all its detailed particulars, will be of great value, often leading to a remedy that it would have been impossible to find in any of the other repertories. These are only a few of the features that go to make up the debt of gratitude the profession owe to Dr. Kent for this most valuable work.—(*Dunham Medical College Journal.*)

HAHNEMANNIANS are very properly cautious about adopting a prepared article of food, and at first Perfection Liquid Food was used by some of them only through confidence in Dr. Guernsey. To-day there are many of them who would be sorry to have to do without it if their voluntary testimonials to him mean anything.

DR. KENT'S REPERTORY—REDUCTION IN PRICE.

Our readers will be pleased to see that Dr. Kent's Repertory can now be had at one-half the original subscription price. The author of the repertory has considered the matter fully, and to allow of a larger sphere of usefulness for this very essential work he has decided to offer it to the profession at the reduced rate. While this gives new subscribers a great advantage, it must be remembered that the credit of the publication is greatly due to the first subscribers, who, by coming forward early, made it possible to have the work printed. We now wish to see Dr. Kent's work in the hands of all Hahnemannians, for they of all others are necessarily repertory workers, and no other repertory yet published can so fully meet their needs as Dr. Kent's Complete Repertory of the Homœopathic Materia Medica.

BOOKS RECEIVED.

THE SURGICAL DISEASES OF THE GENITO-URINARY TRACT, VENEREAL AND SEXUAL DISEASES. A text book for students and practitioners. By G. FRANK LYDSTON, M. D., Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphilology in the Medical Department of the State University of Illinois, etc. Price, cloth, \$5.00, net. The F. A. DAVIS Co., Publishers, 1914 Cherry St., Philadelphia, Pa.

KEY NOTES AND CHARACTERISTICS OF SOME OF THE LEADING REMEDIES OF THE MATERIA MEDICA, by H. C. ALLEN, M. D., Professor of Materia Medica and the Organon in Hering Medical College and Hospital, Chicago. Second Edition, Revised and Enlarged. Price, \$2.00; by mail, \$2.10. Boericke & Tafel, Philadelphia, Pa.

CHILDREN, ACID AND ALKALINE, by THOMAS C. DUNCAN, M. D., Ph. D., LL. D., Professor of Medicine and Diseases of the Chest, Dunham Medical College, etc. Price, cloth, .75; by mail, .82. Boericke & Tafel, Philadelphia, Pa.

LEADERS ON TYPHOID FEVER, by E. B. NASH, M. D. Price, .75; by mail, .80. Boericke & Tafel, Philadelphia, Pa.

PERSONALS.

Dr. Harvey Farrington, Secretary of the American Hahne-mannian Association, has removed to 1628 Mount Vernon street, Philadelphia, Pa.

Dr. Courthrope Sims Bontein has removed from London, England, to 29 Robertson street, Greenoch, Scotland.

EFFECTS OF TOBACCO.

Nicotine causes death, according to Stillé, more quickly than any other poison, except prussic acid.

Many an infant, says Dr. Trall, has been killed outright in its cradle by the tobacco smoke with which a thoughtless father filled the room.

A squadron of hussars hid tobacco in their breasts for smuggling purposes. Every one of them was seized with headache, vertigo, and vomiting.

He could indicate the boy who used tobacco, said Professor Oliver, of the Annapolis Academy, by his absolute inability to draw a clean, straight line.

One of the worst cases of neuralgia he ever saw, claims Dr. Brodie, president of the Royal Society, was caused by tobacco using, and ceased with the habit.

Eyesight is frequently impaired by the use of tobacco, due to the paralyzing of the nerves controlling the iris, or paralysis of the optic nerve, sometimes resulting in absolute loss of sight.

No evils are so manifestly visited upon the third and fourth generations, according to Sir Benjamin Brodie, as the evils which spring from the use of tobacco.

Confusion in the head, vertigo, stupor, faintness, nausea, vomiting, general depression of the nervous and circulatory functions, follow the ingestion of large quantities of tobacco.

BACK NUMBERS.

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DR. ERNST STAPP.

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DEPARTMENT OF MATERIA MEDICA.

ABROTANUM.

An address delivered by PROF. J. T. KENT to the Bœnninghausen Society.*

Abrotanum cases are not very common, but occasionally you will find one. This remedy forms a very good supplement to the lecture this morning on *Benzoic acid*, because it is another gouty medicine with a wonderfully erratic constitution. The most astonishing transformation scenes take place in this remedy. You will sometimes see a patient who at one consultation will give you a group of gouty manifestations and symptoms, but after running along a month you will find a complete transformation has taken place and he has another set of symptoms; and shortly after another set comes up just as if he had another disease. Viewed from the standpoint of old-fashioned medicine he has another disease, really different from what he had a month ago, but back will come the first trouble, and it changes about again in the same manner. Gouty patients do not tolerate suppression like some others. You suppress a hemorrhage from bleeding piles, for instance, with astringents, hot or cold water, etc.; you stop this bleeding suddenly in gouty constitutions, and serious effects will come on; violent congestion of the brain, inflammation of glands in some place or other, gastritis, violent cough, pneumonia, or some other dreadful thing. After suppression of hemorrhoids on comes a violent rheumatic attack and then trouble with the heart. Such things are seen in Abrotanum.

* Stenographically reported by Dr. S. Mary Ives.

I remember a good many years ago my attention was called to Abrotanum in one case that was very singular. I was called to the bedside hastily to see a woman who was bolstered up in bed, covered with cold sweat, irregular pulse, gasping for breath, groaning and moaning with intense pain in the left side of the chest, which upon close examination proved to be in the heart. I found out that she had been troubled with rheumatism; she had been hobbling around all winter with the help of a crutch or cane, for one leg was drawn up; they told me she had got hold of some powerful liniment which she had applied to the knee and it had helped her, but in a day or two she was down with cardiac trouble. She was then five or six months pregnant, and labor pains were already coming on, and an abortion was threatening. Abrotanum cured her in a very short time, and she went to full term.

Another evidence of the kind of metastasis that you find when you get this gouty constitution is trouble after the sudden suppression of any discharge. He gets a diarrhœa and goes to an allopathic physician who stops it with astringents, etc., and then comes a trouble that the allopath cannot handle. Acute inflammatory rheumatism after a suddenly stopped diarrhœa, or acute inflammatory rheumatism following an operation for piles. The piles have been cut out, or ligated, or astringents have been applied to them after they have been bleeding steadily for some time, and down he comes with a sudden attack of inflammatory rheumatism, or he may bleed from other parts, from the kidneys or the bowels. This metastatic nature stands out boldly in Abrotanum. "Rheumatism from suddenly checked diarrhœa." "No swelling." I have seen it with swelling "after suppressed gout."

It is a hemorrhagic remedy; I have a number of times cured, when other symptoms that were present all agreed, protracted bleeding from the kidneys. Such a state is a rheumatic and gouty state.

Another strong feature of the remedy relates to cases of marasmus in little ones. Under "Appetite" we find the symptom, "Gnawing hunger," that is present in such cases. The patients are emaciated to a skeleton; the emaciation is first observed in the lower extremities and sometimes will go on and gradually spread upwards. Everybody is astonished at the well-preserved appearance of the face; but that will emaciate in the course of

time. Towards the last, it will take on the appearance of old age, a little, dried-up, withered baby with an old man look. The extremities are the first to emaciate, then the abdomen and higher up, and all this time while he is emaciating he is hungry as a wolf, craving all the time for something to eat; and the food does not seem to do any good, does not make any difference, does not seem to make tissue or even satisfy him. Because of the constant gnawing hunger the little one will keep up a continuous whine; hungry and whining for something to eat. Of course you will readily associate it with quite a class of remedies that have emaciation and hunger, like *Iodine* and *Natr. mur.* They eat all the time and it does not seem to do them any good. Some cases of marasmus emaciate uniformly and some about the neck and face; some emaciate from above downwards, but this remedy emaciates from below upward. You notice in *Natr. mur.* and *Lycopodium* the shrivelled face and neck, and emaciation especially about the collar bones, and these patients emaciate from above downwards. "Alternate diarrhoea and constipation; food passes undigested. Marasmus." "Protruding hemorrhoidal tumors, burning when touched and when pressing." "Hydrocele of children."

It has something of the gouty nature of *Bryonia* in it. *Bryonia* is a strong gouty remedy. It has something of the nature of *Bryonia* in its way of affecting the white fibrous tissues, such as are about joints, and especially affects the pleura, with stitching pains. About the limbs you will find many gouty manifestations, fugitive pains, and numb sensation in the fingers. Pricking and coldness of the fingers, deadness and coldness in the feet, sticking, darting sensations. Stinging and itching of the toes as from frostbite. Itching chilblains.

"Burning in stomach as from acidity." "Sensation as if stomach was hanging or swimming in water." To-day I mentioned especially *Ant. crud.* and *Sang.* for such complaints of the stomach as seem to result from old gouty cases where the gouty manifestations have left other parts and centered in the stomach; well this medicine, too, has a similar state. "Appetite great," sometimes ravenous. "Great anxiety and depression." "The child is cross and depressed." "Face wrinkled, old, pale." Looking like a little, old person, but remember the direction

which the emaciation takes. It is a common thing for a marasmus to start in with a diarrhœa, which stopped perhaps very suddenly, or was checked by strong medicines, and then the child began to emaciate from below upward; could not get enough to eat, though eating all the time. Gnawing hunger in the stomach, wants to eat, and gradually shrivels from below upward, until the face begins to emaciate and becomes pale and sickly looking. This is only the first manifestation of what would be gout in older years.

BAPTISIA TINCTORIA—(WILD INDIGO.)

Lecture delivered by PROF. J. T. KENT at the Post-Graduate School
of Homœopathics.*

A great deal of this study has come from doubtful and improper provings. The pathogenesis is so intermingled with trash that it is with great difficulty the real remedy can be brought out. Thus far it has been found suitable only in certain law forms of zymotic sickness, *i. e.*, it has been mostly limited to this, and what it will do in other forms of sickness is but little known.

It is known of the remedy that it has a wonderful tendency to ulceration of mucus surfaces; that it produces inflammation of many glands; that it has a low type of fever; that it is attended with a great deal of prostration, restlessness and delirium; that the inflammatory complaints end principally in the breaking down of mucous membranes into an aphthous condition and then into spreading ulceration, low forms such as we find in scarlet fever, malignant forms of measles and the extremely passive state of typhoid; what might, in a few words, be called forms of blood poisoning, or zymotic affections. Running through these complaints, there is a horrible offensiveness, fetid odors of the breath, stool and urine and all discharges. Putridity is a strong feature.

There is one peculiar thing about the typical Baptisia prostration; it comes on very early in the disease. There is not so much of the idiopathic typhoid in Baptisia as the symptomatic typhoid. This patient takes on a low, besotted, sunken aspect from the beginning. It was only a week ago that the patient

* Stenographically reported by Dr. S. Mary Ives.

first began to complain, and here he is now confined to bed, muttering and jabbering; he prefers to be let alone, will turn over on his side and draw his knees up to his chin and his head down in the bed, curled up like a dog; does not want to speak or talk, but when aroused jabbles and mutters and sometimes says things quite irrelevant, then curls round again like a dog, and wants to be let alone. The whole room is offensive from his exhalations, the diarrhoea is offensive, and he jabbles and looks besotted like one intoxicated. I have seen a good many Baptisia cases, and I have seen the disease respond to it instantly, and the cases that seem to me to be most striking are those that come on in an unusually rapid manner. You might naturally expect that kind of appearance as the result of several weeks' gradual decline, but in this remedy it has come on very early. You may see it applied to a patient that you saw in the streets only a few days ago, and here is that person curled up like a dog in a perfectly besotted and apparently intoxicated state; he looks that in appearance, mottled and purple as if completely drunk with some awful drug, whiskey or morphine. He is wonderfully bloated, not with oedema, but his face is puffed, yellowish, sickly, and as the mouth opens the stench that comes out of the mouth is strong. This is the aspect, and this state will be overcome by Baptisia. The prostration, the besotted aspect, the desire to be alone and curled up, the muttering delirium, talking and jabbering, and the general appearance, accompanying inflammation of the liver, gastritis and bowel disorders, all sorts of diarrhoeic complaints, typhoid fever, and all forms of zymotic disease, have been overcome by this remedy.

You will notice if the trouble has advanced a little further that the patient is always doing something, always busy, and you wonder what he is trying to do; he pulls the covers up and throws them off again, gets hold of his feet and hands and feels them all over, feels around his head, and is in a constant state of investigation. "What is the matter, John?" "I am scattered all over the bed and cannot get myself together again." I have seen just that thing; trying to get things together, nothing comes together, everything seems all helter-skelter, everything is wrong, nothing fits into anything. He is busy and cannot get any rest day or night because nothing fits into anything. You do not have to get

it in just the words of the text. Here it says: "Cannot go to sleep, because he cannot get himself together." That symptom has been verified in orchitis and typhoid. He is very much bothered all the time because nothing will work. He cannot do it. Sometimes he will lie there all curled up and say, "I cannot do it;" nothing else but "I cannot do it." He curls up like a dog and tries to sleep, but pretty soon he jabbars away again that he "cannot do it," and so he keeps it up. That is Baptisia. Let us see now if by reading the symptoms we can see it in some other phase. "Stupor; falls asleep while being spoken to." Very close to *Arnica* and *Hyoscyamus* this state is, and very close to *Phosphoric acid*. He is maudlin; is slow but seems to be making an effort to think and say something that he wants to say, and he cannot make it out and tumbles off to sleep; that is the way it will appear to you. "Confusion of ideas;" cannot make things go. Things do not work right; cannot get his mind to work. He is confused and does nothing but jabber, wandering state of the mind and in speech, wandering roundabout in his ideas, trying to get things together. Sometimes it appears to him that his legs are two or three different individuals, and it is said that his "gouty toe is holding a confab with his gouty thumb." He is divided up and he tosses about trying to get the parts together, and he cannot do it. You know it is hard work to put these thoughts and ideas into language; it is hard work to express it. "He thinks his legs are holding a conversation with each other." "Delirium, especially at night, or constant, low." As soon as his eyes are open he jabbars again, but as soon as he closes his eyes it seems to be a signal to give it up. "Low muttering." It says again: "Indisposed to think, want of power; mind seems weak." That is another way of expressing it. If you rouse him up, he looks up and says: "What are you here for? I do not want to be bothered, let me go to sleep." He will rouse up and then drop, just as you have seen a dog drop down, dropping on to his pillow, and is asleep in an instant; perhaps the sentence he is saying is only half finished; this shows that he does not want to be bothered, he is too tired. "Aversion to mental or bodily exertion." "Fretful." "Sensation as if some person touched him gently while dozing." "Perfect indifference, does not care to do anything." "Mentally restless but too lifeless to move."

It is one of the most important things to get the view of this Baptisia patient. We could spend hours comparing the things done by *Arnica*, *Hyoscyamus*, *Stramonium*, *Bryonia*, *Arsenicum*, *Phosphorus*, *Phosphoric acid*, etc.; they are leading medicines for typhoid conditions, each having its own character.

There are a good many head symptoms, much stupidity and stupefaction. Dullness and sluggishness of mind, when you get him aroused sufficiently to talk, but let him alone and he takes on an appearance of stupefaction. Hence his head is not one of great suffering, but there is a good deal of congestion, sluggishness of the circulation, sluggishness of the mind, with besotted appearance of the face. "Dull, heavy headache, ameliorated from pressure on nasal bones," etc. The headaches are not of so much consequence; they are congestive in character. "Head feels heavy, causing a wild feeling; worse from noise." That you might expect in an individual who is down with congestion.

The most general feature of the febrile state is soreness and bruised feeling all over. It has the bruised state exactly like *Arnica*, without any means of distinguishing it from *Arnica* except by other symptoms, such as mental symptoms and blood symptoms. Many times both these patients are so stupid that it is difficult to distinguish them apart. They are both suited to typhoid, to the zymotic state; they are both suited to injuries, they are both suited to cases where there is fetor of discharges, although *Arnica* is nothing like Baptisia in the degree of offensiveness. The Baptisia odor is a penetrating odor; it seems to penetrate and saturate the whole house.

Soreness all over the body; fetid discharges in connection with all sicknesses; aching in the bones, stupefaction, delirium. "Occasional delirium with confusion of sight." Dull weight over the eyes. "Bloated feeling in eyes, glistening; disposition to have them half closed." "Eyes feel swollen, slight lachrymation with burning." "Eyeballs feel sore." Congestion of the eyes. In typhoid, in diphtheria, and in low forms of fever where deafness comes on with a cerebral congestion, with dullness; delirium with loss of hearing.

Another feature of the remedy is tendency to hæmorrhage; bleeding of black blood from orifices; venous blood; venous discharges from the bowels, venous bleeding from the stomach, from the lungs, from the throat.

"Dull pain at root of nose." "Epistaxis and oozing of dark blood from nose for two or three days." "Sensation of great fullness, œdematous swelling of affected parts." Under Face, the text says, "Looked ill for two weeks." The sick look of Baptisia is the besotted look. I have never seen the face reproduced so strikingly in any subject as by alcohol. If you have ever been unfortunate enough to observe one who has been drinking, to the extreme of intoxication, all he can stand for weeks, until now the time has come that he can take no more, and he falls into a delirium, you have observed that he is besotted, his face is purple and mottled, and he sinks down into unconsciousness with an awfully sick aspect and the smell of alcohol. Only the stench of Baptisia is penetrating and putrid, while that of alcohol is sour and pungent. Thus you get the sickly aspect of one who needs Baptisia. "Anxious, frightened look." "Yellowish cheeks." The Baptisia symptoms are descriptive of some of the typhoids that are going to die unless they get the right remedy, for breaking down of the blood has come. All such cases are malignant when they look like that, cases of scarlet fever, diphtheria, or measles. "Critical sweat on forehead and face." "Muscles of the jaw rigid;" or sometimes the jaw drops, as in *Opium* and *Muriatic acid*.

"Sordes on teeth and lips; tongue ulcerated." If you look into the mouth when this has progressed a few days, you get the horrible stench, and around the teeth is built up black blood, which has oozed out around the teeth. The tongue is black or dark brown and very dry. Cracked, bleeding mouth and tongue; offensive, putrid, oozing blood; the patient muttering, besotted and stupid. At first he can be aroused and will partly finish his sentence, but he advances into a stupor from which he cannot be roused, like *Hyoscyamus*. Lies as if benumbed, senseless, in an intoxicated stupor; complete intoxication. These things I have described, but now let us read some of the symptoms. "Foul or bitter nauseous taste in mouth." "The roof of tongue is swollen and feels numb." "Tongue has a yellow centre, or yellowish-brown coating." "Foul tongue." "Cracked, sore, ulcerated tongue." We see what a load of symptoms we have that show how the remedy conforms to the typical typhoid mouth, even in an advanced stage of typhoid fever or zymotic dis-

ease of any sort. This mouth belongs to low forms of continued fever and rapidly progressing forms, symptomatic typhoids; those patients that run down so early and get, say, on the tenth, twelfth or fifteenth day, into a state of death. Many of the Baptisia cases will die in about ten days, running into a state of blood poisoning as they call it; a marked zymotic state.

Now we come to the study of the mouth; outside of the typhoid conditions which we have mentioned it has ulceration of the mouth; phagedenic ulcers with inclination to eat clear through, ulcers that spread, that are horribly offensive. Aphthous patches cover the whole mouth. "Putrid ulceration of buccal cavity, with salivation." It says in the text "with slight pain" Well you would expect in this remedy that the ulcers are less painful than ulcerations generally are. We find, in the ulcers of *Sulphur* especially, dreadful burning and smarting; in *rupia* it burns and smarts and causes dreadful stinging pain, but think of the general deep seated state and denuded appearance of the *rupia*-like affections and you will naturally suppose that a patient will suffer a great deal from such ulcers.

The throat takes on a similar aspect; gangrenous appearance of the throat with besotted countenance; eating ulcers, such as are found in diphtheria with the awful fetor and prostration. You can almost picture in your own mind the Baptisia diphtheria; you will see the prostration, the fetor, the blackness, and if you look into the throat you will be surprised if there is not a gangrenous odor. It begins now to look like a Baptisia subject. "Fauces dark red; dark, putrid ulcers; unusual absence of pain." The uvula appears to be elongated. "Œsophagus feels as if constricted from above down to stomach." "Spits out liquids put in mouth." So much constriction and trouble about the throat that he cannot get down any solids at all. Inflammatory and gangrenous conditions of the œsophagus, in a besotted patient, unable to swallow; paralysis of the organs of deglutition. "Constant desire for water;" great thirst.

Do we begin now to see before us the image of Baptisia which is the important thing? Do we see him in his entirety as if lying in the room? You must take Baptisia for breakfast, dinner and supper and *ad nauseam*. Baptisia is a distressingly sick mortal, enough to cause gagging and choking. Oh, but he is sick, he

is offensive, he is putrid, he is prostrated, he has no mind, it is gone and he is besotted; and he has no body, for it is scattered over the bed, he proves it in his own speech.

Now the abdomen. What would you expect in such a patient as this? Would you not expect his abdomen to be tympanitic and full of rumbling, with the passing off of horribly offensive flatus, passing mucus from the bowels horribly offensive with penetrating odor? Well, that is what he does. "Abdominal tenderness." The stool is so offensive that nobody can eat in the house; it seems that burnt rags do not lift the odor, the odor is overwhelming. "Fetid, exhausting diarrhœa, causing excoriation." Aphthous patches about the anus. "Involuntary diarrhœa." "Stools dark, thin, fecal, offensive." "Stools dark and blood streaked." This medicine has all sorts of stools, but it has a stool like ground up slate, like slate ground up and mixed with water. "Dark brown and fecal, coming often in great quantities." It is a wonder how he can grind so much slate with the little he eats, and yet this passes so often and the odor is so penetrating that it goes all over the house; a sort of slate-colored clay having the consistency of mush. There you have the Baptisia stool and diarrhœa, if it has the penetrating odor and is accompanied by prostration and delirium.

"Urine highly colored and scanty," bloody, albuminous, alkaline, fetid.

Baptisia has cured all sorts of inflammation and catarrhal states of the chest attended with this state of the mind and body.

There is restlessness and delirium in typhoid and such zymotic fevers, with all the prostration it would be necessary to have. "Lay in a semi-conscious state, when she appeared dying." Lies comatose. "Wants to get up and yet does not want to." "Cannot sleep." "Wants to get out of bed." Scarcely anything more need be said under the heading of "Fever." Many of these patients are more or less chilly, as in the beginning of almost all fevers. "Chilly, all day and on going into the open air." Fevers and zymotic diseases usually commence with more or less chill. This remedy has cured gangrenous sore throat and smallpox.

NITRIC ACID.

One of the most important things in studying a remedy is to cause it to appear before the mind so that it can be recalled, to get an image or picture of the remedy so that it can be stamped on the memory. A remedy cannot be understood till studied and used. An old physician will be able to recall to his memory past patients in whom he can see pictures of the drug he is studying. After some experience, when a patient walks into your office you will be able to classify him by his face and appearance and think of his face as that of a *Sulphur* patient, etc. If he has red spots on a pale face, is stoop-shouldered, a little past middle age, you will wonder whether that patient does not need *Sulphur*, and as he narrates his symptoms you will find him tell those of *Sulphur*. Or if you are drinking wine with a few friends, and you notice one gets a flush of his face mounting up to his forehead after the first glass, you would wonder if he did not need *Carbo vegetabilis*. Nitric acid has a *sickly face*, yellow, sallow, lean, doughy, with sore eyes, and fissures in the corners of the eyes and mouth. It looks as if there were a copious flow of saliva, and this actually takes place during his sleep and causes a red streak where it flows. The saliva is acrid, excoriating, producing red spots. The tears and other fluids from the eyes are excoriating and are attended with smarting and burning. Sickly, anxious face, emaciation of the body, a cachectic aspect; bloated eyes and face; such things cause us to look at the hands and fingers to see if they are not bloated also. His is the countenance of deep-seated troubles. There is a fissure down the whole length of the tongue, not sore or raw, but as if partially divided. The gums settle away from the teeth and the teeth become loose. The gums bleed on pressure. Sore mouth; canker patches in mouth; aphthous condition; yellow splotches on the mucous membrane. The throat is tumid and purple and there is an exudate not unlike the exudate of diphtheria, and around this the tissues are purple colored, tender to touch and bleed easily.

He is *sad* and broken-hearted. He says the world is against

him and that he has no friends left in the world. There is a struggle going on between a desire to die and a fear of death. He feels estranged among his friends. He is disgusted with life, is sad, anxious, sleepless, and has frightful dreams. Everything disappoints him and he is irritable.

He is *worse in a cold climate* and from cold raw winds and also from *hot weather*, and feels better in medium weather and a moderate climate. He must dress very warmly, for cold weather freezes him; the cold brings on his neuralgic pains, headache, backache and pains in the extremities. He wants warm applications and applied heat in many localities, but he is worse from hot weather. Every cold snap aggravates his catarrh. The nose feels full of *splinters*; sticking and jagging pains along the sides of the nose, septum and far up in the nose. Crusts form in the nose and he can't help picking at the nose to get rid of them, and then the nose bleeds. He blows bloody water from the nose. The watery discharge floats out the crusts and continues to flow. Every cold causes catarrh and stops up the nose. Sneezing, burning, smarting and sticking in the nose. Sensation of sticks in the posterior nares and throat. Ulceration everywhere in the throat and every little ulcer has a stick in it, with tearing and burning. Deep ulcers in the throat, which bleed, and a stick is felt in every ulcer on swallowing and touch.

The *sensation of sticks* in parts is general. It is present in gonorrhœa with bloody, watery discharge and sore spots along the urethra, which are small ulcers, and in these the same sticking splinter-like pains are felt. In the throat there is the sensation described as of a fish bone like *Hepar*. In the female there is a bloody watery, *brownish* leucorrhœa, causing brown stains on the linen, with ulceration of the cervix, which bleeds when touched. All ulcers tend to bleed, and when touched they have a sticking pain as if from a splinter. Little boils have the same splinter-like pains and eruptions have sticking, pricking sensations. Ulcers on the lower extremities, over the tibiæ and ankles; thin, bloody, watery discharge with burning, sticking pains at night; pricking as from sticks in the ulcer.

There is much urinary trouble in this remedy. The urine is albuminous, bloody, offensive, and *smells as strong as that of a horse*.

The Nitric acid patient is *exhausted*, *weak*, and tires easily and has palpitation on exertion. He must be in bed most of the time. He is lean, hungry, tired and weak and has been losing flesh for some time. Again it is useful when there is an accumulation of fat; the patient is soft and flabby like *Calcareo*, which is closely related to Nitric acid, complementary to it and alternates with it. He has no endurance; his heart palpitates on the slightest exertion, but he is *ameliorated from passive gliding motion*. He cannot exert himself, but will ride on a smooth country road ten or twelve miles perfectly well. His complaints, palpitation, nervous symptoms, anxiety and sufferings pass away entirely when riding in a carriage or street car if the weather is not too cold or too warm. He is both aggravated and ameliorated from riding in a carriage. In a carriage that jars over a rough street and makes much noise he is aggravated, but in a gliding carriage on a smooth road he is ameliorated. He is ameliorated from riding in a street car because of the smooth track.

He is *sensitive to noise* in his pains and headaches; the noise of a carriage is very painful. Lippe said every time he noticed tan bark covering a street he suspected a Nitric acid patient within. He drives everybody into quietude; so sensitive is he that the doors must be closed with gentleness, and he can bear no one to walk across the floor. *Coffea* and *Nux. v.* are just as sensitive, and I think of these as well as Nitric acid when I see tan bark in front of a house.

Great prostration. Acrid discharges. Tendency to ulceration. Very serious head troubles. With the headache the scalp is so sensitive that the hair can't be combed. Can't wear a hat, *sensitive to weight of the hat*. School girls come home from school carrying the hat in their hand, because of the headache got in school, like *Calc. phos.* School girls with "Head very sensitive even to pressure of hat; worse in the evening and on part lain on; sensitive as if contused, either all over or in certain spots; whole right side of the skull painful."

Scald head in children; tendency to ulcerations; fluids offensive; bleed easily. The discharge takes the hair off and causes excoriation and redness where it touches. Then there are *enlarged glands* in this broken-down constitution; enlarged glands in the groins, buboes, syphilitic bubo, enlarged axillary and salivary

glands. The parotid is enormously swollen, hard, and painful, and has the sensation of sticks in it, and there is a tendency to suppuration. Sub-maxillary glands and glands of neck affected.

It is no wonder Nitric acid is of use in *syphilis*, for it has all the blood changes, the aspect of the face, the ulceration, falling hair, throat symptoms, bone affections, and exostoses. It antidotes *Mercury* and is closely related to *Hepar*. It is an antisyphilitic and anti-sycotic. It has fig-warts about the genitals and anus, which bleed easily, are soft and pulpy. Seed warts about the hands. As a warty medicine it is closely related to *Calc*. Warts anywhere that are pulpy and bleed easily. It is very closely related to *Calcareæ* in many ways. I have seen patients act this way. A psoric patient, big, fat, flabby, easily tired out, with *Calc*. symptoms, will be relieved by *Calc*. for months, building him up; but all at once he takes a turn and a bronchitis comes on, difficult breathing, ulceration of the throat, soft, flabby muscles, feeble, waxy countenance, and suddenly about the anus and genitals a crop of warts breaks out. I at once ask, "Had you ever gonorrhœa?" "O, yes," he says, "when I was a boy, I sinned." He needs Nitric acid. It will build him up. Here two miasms have been working in the system at one time; one has been suppressed and the other is on top. Nitric acid will benefit him for a time, and again he may need *Calcareæ*. Nitric acid and *Calcareæ* antidote each other, but it is a mistake to say that they do not follow each other well. *Sulphur* and *Mercury* alternate with each other in this way, *Sulphur* for a year or two and *Mercury* to meet the syphilitic condition that crops up when these two miasmas are in the system at the same time and alternate.

Whooping cough. The cough is violent, causing gagging; bloody expectoration; the face becomes red and blue when she coughs, pale when not coughing; rawness of the lips, bleeding of the nose and gums, cracks in the corners of the mouth. It corresponds to a violent case, and after it is over *Calcareæ* will likely be needed to meet the psoric condition.

Eruptions on face; ulcers spread; itching and ulceration among the whiskers; whiskers fall out. Disturbances from shaving. In girls and boys acne and ulcerating, pustular eruptions on face. Nitric acid stands high in this condition. Unhealthy skin every-

where, small wounds and bruises suppurate, and there is lack of healing. Waxy face; yellow, sallow skin, and sickly cachectic state such as those have who are going in consumption or cancer. It has the puffy, waxy, transparent face of albuminuria. It has cured diabetes.

This drug will keep the oculist away many times. Our oculists are a poor set, as a rule; they rarely attempt to apply the remedies to a condition of the eyes. Ulceration of the eyes, of the cornea, inflammation with ulcerous patches. White patches as a result of bad healing. There is never any excuse for making a local application to the eyes. You don't need atropine to dilate the pupil in iritis. The iritis is a symptom, and being the last to come will be the first to go under the proper remedy. There will be no adhesions; that is, there will be no results of the inflammation. It is an acute condition and must be treated as such. Whenever you say that Atropine is necessary, it is an acknowledgment that you don't know your *Materia Medica*. I remember a case where an oculist was called in to satisfy the family. He pretended to be a homœopath, but he said to the physician attending the case: "This is a case of syphilitic iritis. You must use Atropine or you will have adhesions and you will be responsible," and there was talk of paying all round. The physician would not use the Atropine. He came to me, and on a study of the symptoms he saw that *Staphisagria* was the remedy and *Staphisagria* removed the symptoms at once. All sorts of ulceration of the eyelids, of the corner of the eyes, and on the surface of the eyes with sticking, jaggling pains. "Ophthalmia neonatorum; scrofulous, gonorrhœal, syphilitic." The worst forms are easily cured if the symptoms agree.

Fistulous pipes anywhere that will not heal; fistula in ano; abscesses that have formed do not heal and flow from fistulous openings. Diseased bone with fistulous openings. It so improves the integrity of the bone that the opening is no longer necessary. A patient, by operation, had a part of the femur removed, but the fistula would not heal, although it was known that there was no bone there. The patient had not had any remedy. Nitric acid cured him. The tissues will not heal, there is no repair going on.

Full of *rheumatic pains* and aches. The pains cease suddenly

and other complaints come on. Pains again come on suddenly and extend all over the body, from change of weather, taking cold, a cold bath, or getting wet. Pale and sickly people with gouty attacks; in old *Calcareæ* subjects. Pains with swellings, swollen joints, sticky, tearing, tingling pains in joints at night, especially in old syphilitic and sycotic rheumatism. Ulceration at the root of the nails, felons, inflammations at the root of the nails; ulcers.

The Nitric acid patient is *fætid*, *offensive*, full of odors; the discharges smell strong, the urine smells like that of a horse; there is offensive leucorrhœa, offensive nasal discharge, offensive breath; fetid footsweat, sour at times, but more often of a strong pungent odor. Colored people who take Nitric acid, if their other symptoms agree, lose their offensive odor.

"Great weakness, trembling; shocks on going to sleep, depressed in spirits." Hæmorrhages bright, profuse; bleeding of all mucous membranes. Post scarlatinal complaints; dropsies.

I have given you the *generals*. When the little symptoms you find in the text are present without the generals Nitric acid will not cure. These little symptoms may be found in any remedy.

NUX MOSCHATA.

Among the important things in this remedy is the peculiar *automatic conduct* exhibited in the provers who proved it, or seen in the patient who needs it. The patient moves as if in a dream. She appears to be in a dream to those looking on. This is often the case in hysterical patients. It is more than an absentmindedness and is not unlike catalepsy, a condition in which the patient has no recollection of things done, or where things were placed. It is not a forgetfulness because she never knew it; she was doing things in an automatic way. Sudden loss of consciousness, hysterical loss of consciousness; like a fainting state; suspended state of the mind; no consciousness but the patient breathes, the heart beats, the pulse is regular, there is no change in the face, the eyes are closed or open, a state of unconsciousness without spasms, or with hysterical contractions of the hands or feet, or

distortions. This comes on at any time, from any cause; no heart symptoms, no cerebral congestion. We see it especially in hysterical cases.

Sometimes, and commonly in males, it is shown by a benumbed or bewildered state, in the female, by loss of consciousness. In males it is often a *sleepiness*; he falls asleep in his chair while reading, while in church, during conversation. Overwhelming sleepiness, no power to keep awake. He sleeps as if under the influence of a dose of Opium. He sleeps in the midst of his shaking chill, in his fever, in his sweat; snores and sleeps in a deep sleep like a coma; he falls asleep in his chair, his jaw drops and he snores. He is never rested, always needs sleep; although he has had a prolonged night sleep, yet he awakens sleepy and tired. "Stupor and insensibility; *unconquerable sleep*."

His tongue, ears, nose, scalp, hands and fingers prickle and become *numb*. The extremities present a peculiar condition, a queer numbness. He loses the power temporarily of one foot, or of a hand, or toe. Numbness and paralytic weaknesses that come and go. Commonly these are found in women at the menstrual period; loss of power in the extremities, no pain, and she settles down on the floor; entire powerlessness of the legs with consciousness. It soon passes away and she gets up. But it has certain paralyses that are permanent. Spinal affections. Paralysis of the lower extremities; of the tongue; of the upper extremities. Numbness and prickling. Loss of sensation. Trembling of the hands and limbs; quivering of the muscles. Paralytic weakness of the intestines; the stool is *soft* and yet she is *unable to expel it*, even with long straining, like *Psorinum* and *Alumina*. This paralytic weakness in a patient who is always so sleepy points more strongly to *Nux moschata* than to any other medicine. You do not find this sleepiness in *Alumina*.

With the unconscious spells, the exhaustion, the paralytic weakness, the trembling, the overwhelming sleepiness, and the automatic state you have the *Nux moschata* condition.

Tendency to *hæmorrhages* from all the mucous membranes; the nose bleeds; there is discharge of blood from the bowels, and hæmorrhage especially from the uterus at the menstrual periods. Copious, clotted menses. "Unconsciousness after mental excitement; especially just before menses." One striking thing is that

Nux mos. is *aggravated at the menstrual period*; here is an example: "Unconsciousness especially before menses." The conduct of a woman is like that of a hysterical woman at her menstrual period; as if in a menstrual state all the time. All sorts of menstrual disorders; hæmorrhages; flows too much or too little; irregular; painful states ameliorated by heat and moist applications.

"Thoughts vanish, with fainting; seemingly to her of a half hour's duration but really only momentary." *Nux m.* produces a tendency to *hysterical spells*; hysterical aphonia, loss of speech, smell, taste. Paresis or paralysis of any of the senses of the body. Suspension of any of the functions of the body momentarily in a hysterical state. Vanishing of thoughts while talking, reading or writing. It has in its nature the ability to eradicate the hysterical diathesis. It changes the nature of a sad, sickly, melancholy, foolish young girl to one of common sense. *Nux m.* is suited to a hysterical state or condition of affairs, depending on the loss of a mother. A young girl loses her mother, or is suffering from unrequited affections, and has a tremendous shock and is dazed; after a while she comes to herself and for ever after is in the *Nux m.* state. Always bowed down with sorrow; sad; weak; tired; trembling. There is also in this remedy a state analogous to clairvoyance; appears to see, while in a state of unconsciousness, as if in the spirit world; wakens with all sorts of sensations. "The outer world has no existence for her; automatically she attended to her household duties, and on awaking from this condition she had not the slightest recollection of what she had done." "Great incoherency on attempting to express her ideas." "Uses wrong words during headache." "Gives answers which have not the least reference to questions put to him." *He loses his way in the street*; wanders about; cannot find his home or his own number. "Fickle; irresolute and wavering in his undertakings." "Aware of dangers, but no apprehension." "Had no power to resist being led anywhere; in evening."

All the *Nux m.* states are worse in the open air and are aggravated from the cold, and cold, damp, stormy weather. When he walks in the air he loses his voice. He is bewildered in the street. The patient is all right as long as he remains in the

house. "Vertigo, as if drunk, staggering; with headache and nausea; with lightness and emptiness of head; reeling when walking in open air; swimming in head; weak; limbs numb, feels as if floating in air." That *floating state* is a vertigo. *Phos. ac.* and *Sticta* have, "while lying in bed, sensation as if going up, up, up." This is not much different from the Nux m. state.

Headache, *congestive*; fulness; as if skull were a tight bag compressing uniformly on the brain; can feel the vessels pulsating. "Sensation as if all vessels were pulsating, particularly in head. A throbbing, pressing pain confined to small spots, principally to left supra-orbital ridge." "Pain driving asunder pressing and stinging in occiput; aggravated by stepping from room into open air." "Severe tearing in occiput towards nape of neck." "Pulsation of arteries and daily headache." You see this remedy produces a congestion of blood to the head; the face becomes flushed, eyes red, distended, almost protruding. Most of the headaches are in the occiput. The pains are changed into pulsating pains from motion, exertion and going into the open air. The patient becomes drowsy, even with the pains and increasingly stupid as the pain grows worse.

Apoplexy, stupor, coma. The routinist thinks only of *Opium* in apoplexy; the face is purple, bloated and the pupils contracted. *Opium* takes the blood pressure off the head, quiets the heart, takes the color from the face, and the patient becomes conscious. There is often but little to prescribe on in the apoplectic coma, but the more stupor there is, and stertorous breathing and dropping of the jaw, the more is *Opium* indicated.

Convulsions with involuntary motions of the head and body. Puerperal convulsions; hysterical convulsions, but these are not so common as the hysterical sinking or fainting. Marked emprosthotonos, especially of the upper part of the body; the neck is drawn forward. Clonic spasm, with head drawn violently forward and then let up. Sometimes the lower limbs come up to meet the head. Most of the convulsive remedies produce opisthotonos; few produce emprosthotonos. The automatic action and the appearance will make us wonder, as we go into the sick room, what it is all about. Is she insane or foolish? The face looks sleepy, looks as if she were intoxicated; debauched, be-

sotted, foolish look. We examine all the symptoms and bring out the order of sickness.

Oversensitiveness of smell at one time and loss of smell at another. This strikes us as something nervous, as something spinal, as something hysterical. "Eyes dull, heavy looking; distressed look." "Face pale, hot, puffed, spotted, freckled." The mouth and all mucous membranes are *dry*. The parts of mucous membranes that touch each other adhere together. The tongue cleaves to the roof of the mouth. The tongue feels dry, yet it is moist when looked at. The mucus on the tongue clings like glue. The throat is dry, yet thirst is not always present. *Dry mouth and no thirst* is striking. This dryness is very characteristic. Dryness of the skin; absence of sweat. With the congestive head troubles and hysterical manifestations *no sweat*.

There is a hysterical, gnawing *hunger*; so hungry, empty and gone; at the same time weak and sleepy; yet a mouthful, even a cracker, causes distension, the feeling as if he had eaten a large meal. Nature is not satisfied, yet he can eat no more. The routinist would prescribe *Lycopod.*, for this, especially if there were red sand in the urine.

"Trembling; fluttering of the heart as from fright, fear or sadness." "Oppression of heart extends to throat." "Feeling as if blood rushed to heart, thence to head, and then all over body." "Sensation as if something grasped the heart" (*Cactus*). "Hysteria cordis." "Dryness of eyes, nose, lips, mouth, tongue, throat, or at least feeling of dryness." "Rheumatism after getting feet wet." "Marasmus of little children." "Sensitiveness of skin, especially to cold, damp air."

Blue spots on the skin like *Sul. ac.* Chambermaids will often complain of blue spots on the legs from pressure of the limbs against the edge of the beds while making the beds; ecchymosis. *Arn.*, *Sul. ac.*, *Symph.*, *Nux. mos.*, and a few others have this condition.

DEPARTMENT OF HOMŒOPATHICS.

LECTURES ON HOMŒOPATHIC PHILOSOPHY.

Delivered by PROF. J. T. KENT, at the Post-Graduate School of Homœopathics.*

LECTURE XXXII.

THE VALUE OF SYMPTOMS.

Nature of Symptoms.	{			General.
	{			Common.
	{			Particular.
Grades of Symptoms.	{	General.	{	First Grade.
				Second Grade.
				Third Grade.
	{	Common.	{	First Grade.
				Second Grade.
				Third Grade.
	{	Particular.	{	First Grade.
				Second Grade.
				Third Grade.

Par. 153 is the one that teaches more particularly how the process of individualization or discrimination shall be carried out. It treats of characteristics, it treats of grades. The homœopathic physician may think he has his case written out very well, but he does not know whether he has or not until he has mastered the idea of this paragraph. He may have page after page of symptoms, and not know what the remedy is, and if he takes the record to a master the master will say: "You have no case!" "Why, I have plenty of symptoms." "But you have no case. You have left your case out; you have left the image of the sickness out, because you have failed to get anything that characterizes it. You have plenty of symptoms, but have not anything characteristic. You have not taken your case properly." Now, after you

*Stenographically reported by Dr. S. Mary Ives.

have mastered this paragraph you will know whether you have taken your case properly, you will know whether you have something to present to a master, a likeness of something. The lack of this knowledge is the cause of non-success with the majority of homœopathic physicians. There are a great many homœopathic physicians that prescribe and tinker a long time with their cases, and will ask you what a characteristic is, and what a peculiar symptom is, and if it is some one peculiar thing that guides to a remedy. The idea of the keynote comes to the mind of many.

I do not mean that all or any part of what you have written is useless, but it is necessary to have individualizing characteristics to enable you to classify that which you have, to perceive the value of symptoms, and, if you must settle down to a few remedies, to ascertain which of these is more important than another, or most important of all. You cannot individualize unless you have that which characterizes. The things that characterize are things to make you hesitate, to make you meditate. Suppose that you have been acquainted with a large number of cases of measles, for instance, or a large number of cases of whooping cough, but along comes one of which you say to yourself, "That is strange; I never saw such a thing as that before in a case of whooping cough. It is peculiar." You hesitate, you meditate, and at once recognize it as something individual, because it is strange and rare and peculiar. You say, I do not know what remedy has that symptom. Then you commence to search your repertory, or consult those of more experience, and you find in the repertory, or upon consultation, that such a medicine has that thing as a strong feature, as a high grade symptom, and it is as peculiar in the remedy as in your patient, though you have never seen it before. You may have seen a hundred cases of measles without seeing that very thing. That peculiar thing that you see in measles relates to the patient and not the disease, and as the sole duty of the physician is to heal the sick that peculiar thing will open the whole case to the remedy. When you find that the remedy has that symptom, along with the other symptoms, you must attach some importance to it, and when there are two or three of these peculiar symptoms they form the *characteristic* features.

What would you think would constitute a *common* symptom?

We shall at once see that the common symptoms are those that appear in all the cases of measles, that you would expect to find in measles. It would be strange to have measles without any rash; that would be peculiar. We know that the absence of rash is a striking state of affairs and means trouble, and is peculiar. Either it is not measles, or the absence of the rash is a serious state. Suppose it is a fever. The patient has intense heat, an ordinary fever coming on in the afternoons and running through the night, with hot hands and feet, high temperature, dry tongue, etc. What would you say concerning the presence or absence of thirst? You would say it is *common* if he has thirst, because almost anybody who has fever would want water. Nothing is so natural to put fire out with as water, and the absence of thirst in a fever is strange, is rare and uncommon, peculiar and striking. You would ask yourself at once, is it not strange that he does not have thirst with such a high temperature? You at once strike to the remedies that are thirstless. You would not think of hunting up a remedy that has thirst. The absence of the striking features of disease constitutes a peculiarity that relates to the patient. Well then, that which is pathognomonic is common, because it is common in that disease, but an absence of the pathognomonic characterizes that peculiar disease in that patient, and therefore means the patient, and in proportion as you have that class of symptoms just in that proportion you have things that characterize the patient, and the specific remedy for the patient will be the *simillimum*. It is necessary to know sicknesses, not from pathology, not from physical diagnosis, no matter how important these branches are, but by symptoms, the language of nature. A homœopathic prescription cannot be made on pathology, on morbid anatomy; because provings have never been pushed in that direction. Pathology gives us the results of disease, and not the language of nature appealing to the intelligent physician. Symptomatology is the true subject to know. No man, who is only conversant with morbid anatomy and pathognomonic symptoms, can make homœopathic prescriptions. In addition to diagnostic ability he must have a peculiar knowledge; that is, he must be acquainted with the manner of expression of each and every disease. He must know just how each disease expresses itself in language and appearance and sen-

sations. He must know just how every remedy affects mankind in his memory and understanding and will, because there are no other things that the remedy can act upon as to his mind, and he must know how the remedy affects functions because there are no other ways in which the remedy affects the body of man. Now, if he knows how diseases express themselves in signs and symptoms, then he knows what constitutes an individual disease a little different from all others. It is the peculiar way that the same disease affects different patients that makes the symptoms strange, peculiar and rare. That which is pathognomonic in the remedy is that which you will study out most, because it is that which is related to the patient. Such is the state of mind that the homœopathic physicians must keep themselves in in order to begin this study, and when they have begun to think in this way they can then study the symptoms of the disease as to grade.

The symptoms of the remedies must be studied especially with respect to *order* or *grade*. To look upon them as all alike, because they appear to be all on the same level, is to be unable to make distinctions. One symptom with some physicians is as good as another. It is a fact that symptoms, to a great extent, are upon a sliding scale. What is peculiar in one remedy is not in any degree peculiar in another. While it may be peculiar in a chronic case to have thirst, it is not so in a fever. That which is true in many respects in a chronic state may be the very opposite in an acute case. The chronic miasms are the very opposite in their character and order to the acute miasms, and this is a fact that the homœopathic physician must know. Suppose you had a striking case of inflammation of the parotid gland, and the patient says, "Do not press upon it, because it is very sore," how would you classify that, as common or strange? If you think but a moment, you will see that it would be a very strange thing for a highly inflamed gland not to be sore, and that soreness upon pressure is not something to be prescribed for, but something simply to be known, to be taken into the general view of the case, and the remedy indicated in the case would be suitable if it have inflammation and soreness of the gland; there is nothing striking in that; quite a group of remedies have produced hardness, soreness and tenderness of the gland; it may be one of those, or it may be one which has never produced these

things, if it have the characterizing features of the patient. The symptoms that cannot be explained are often very peculiar ; the things that can be accounted for are not so often peculiar ; peculiar things are less known to man. For instance, a patient can sit only with his feet up on the desk, or with his feet elevated ; he is a great sufferer, and because of this suffering he is compelled to put his feet up. The symptoms hence will be put down, worse from letting the feet hang down. " Well, what do you mean by that ? " " Why, if I let my feet hang down, I find I bring the nates down upon the chair, and there is a sore place there." Now that is quite a different thing. You may find if it is an old man that he has a large prostate gland, which is very painful at times and very sore, and when he lets the feet hang down the gland comes in contact with the chair. So we see that the real summing up of the case is that this enlarged and sore prostate gland is worse from pressure and all you have learned from that symptom is that the gland is sensitive to touch, which is a common symptom. There are instances, however, where by letting the feet hang down the patient is ameliorated ; for instance, you take a periostitis and the pain is relieved by letting the limbs hang. No one can tell why that limb is better when hanging over the bed. He lies across the bed with the foot hanging over the side, and why it is that he cannot lie upon his back nobody can figure out. Now that condition is found in *Conium*, and you will not be astonished after you know that *Conium* has that symptom to find all the symptoms of your patient say *Conium*. All the rest of them, perhaps, are common.

Now, when you think along this line of science, it will not take you long to get into the habit of estimating among the symptoms that appear in a record the things that are common, the things that you would expect, and the things that are strange.

Again, we see that there are certain symptoms in the remedies that are *general*, and on the other hand the symptoms that are general must also be taken into account in order to examine any record. All the things that are predicated of the patient himself are things that are general ; all the things that are predicated of any given organ are things in particular. So we see how there are things in general, and things common, and things particular ; sometimes it may be a condition or state, sometimes it may be a

symptom. We have said that what the patient predicates of himself will generally appear to you to be at once something in general. When the patient says, "I am thirsty," as a matter of fact, although he feels that thirst in the mouth, yet it is his whole economy that craves that water. The things of which he says, "I feel," are to a great extent generals. The patient says, "I have so much burning," and if you examine him, you find that his head burns, that the skin burns, that there is burning in the anus, burning in the urine, and whatever region is affected burns. You find the word burning is a general feature that modifies all his sickness. If it were only in one organ, it would be a particular, but these things that relate to the whole of the man are things in general. Again, when the patient tells things of his affections, he gives us things that are most general. When he speaks of his desires and aversions, we have those things that relate so closely to the man himself that the changes in these things will be marked by changes in his very ultimates. When the man arrives at that state that he has an aversion to life, we see that that is a general symptom and that permeates his his economy; that symptom surrounds all the symptoms and is the very centre of all his states and conditions. When he has a desire to commit suicide, which is the loss of the love of his life, we see that that is in his very innermost. Medicines affect man primarily by disturbing his affections, by disturbing his aversions and desires. The things that he loved to do are changed, and now he craves strange things. Or the remedy changes his ability to comprehend, and turns his life into a state of contention and disturbance; it disturbs his will and may bring upon him troublesome dreams, which are really mental states. Dreams are so closely allied to the mental state that he may well say, "I dreamed last night;" that is a general state. The things that lie closest to man and his life, and his vital force, are the things that are strictly general, and as they become less intimately related to man they become less and less general, until they become particular. The menstrual period gives us a general state. The woman says, "I menstruate," so and so; she does not attribute it to her ovaries or to her uterus; her state is, as a rule, different when she is menstruating. So the things that are predicated of self, of the *ego*, the things described as "I do so and so," "Dr.,

I feel so and so," "I have so much thirst," "I am so chilly in every change of the weather," "I suffocate in a warm room," etc., these are all generals. The things that are general are the first in importance. After these have been gathered, you may go on taking up each organ, and ascertaining what is true of each organ. Many times you will find that the modalities of each organ conform to the generals. Sometimes, however, there may be modalities of the organ, which are particular, that are opposed to the generals. Hence we find in remedies they appear to have in one subject one thing, and in another subject the very opposite of that thing. In one it will be a general, and in another it will be a particular.

A CASE FOR CONSULTATION.

From Grainer's Conferences.

Every one in these days knows what value to put upon the custom of calling in several doctors in a dangerous case. These pretended consultations soothe the anxiety and flatter the vanity of the relatives, generally hasten the patient's preparation for his long journey, and send a little more grist to the mill of the medical gentlemen. These consultations have been such fruitful subjects for the satirists that we may venture to speak very freely of them. One old writer said with truth: "He who has but one doctor, has *one*; he who has two, has but the *half* of one; but he who has three, has *none* at all." It is much the same as when Napoleon I. said: "I prefer one bad general to two good ones." One might well say here: "*Tot capita, tot sensus*," which, when freely translated, is, "So many doctors, so many opinions."

But in homœopathic consultations this variance of opinion does not exist. It is, in fact, impossible that homœopathic doctors should not have the same *opinions* and method of *treatment* in their consultations, since they see the same objects through the same medium. As a matter of fact, neither the features of a medicine nor of a disease can change, therefore medical men called to judge of the analogy of these two terms must hold the same opinion. To be convinced of this you might try the follow-

ing experiment: Write out the symptoms of a well-known and marked disease. Let the picture of symptoms be well drawn. Carry it to a hundred homœopathic doctors, and they will all prescribe the same medicine; go to a hundred allopaths, and you will receive a hundred different opinions; now on which side does the truth seem to be?

Let me take this opportunity of telling an anecdote which Dr. Jahr related one day at a meeting of the Homœopathic Society at Liège, 28th November, 1835:

"Having finished my medical studies," said he, "I travelled in Germany to complete my education. I arrived one evening at a villa, whose proprietor invited me to partake of his hospitality. He was an original and a very rich old man, and, though he had been an invalid for many years, he did not neglect to do the honors of his wine cellar with much pride.

"When he learned my profession, he said with some warmth, 'I shall take good care not to compliment you on that account. I have a son, but I would rather make a hangman of him than a doctor.'

"Seeing I was struck dumb with this abrupt remark, he added, 'Listen, young man, you are travelling for your improvement; well! I will give you a lesson which you may turn to some account. I have been ill more than twenty years. In the beginning of my illness I applied to two celebrated doctors, but they could not agree about my complaint, therefore I neither took the medicine of the one nor the other. I then began to travel about, and consulted not only the celebrated men in the faculty, but many of lesser note, yet I have never been able to find two who were agreed both as to the nature of the malady and of the treatment. After much fatigue and expense I returned home convinced that medicine, far from being a science, was but a vile trade. Upon the whole, however, I gained something by it, and I will give you the half of the profits.' Saying this he took up a large book, like those used in counting houses. 'The pages of this enormous folio,' said he, opening it, 'are divided into three columns. The first contains the names of the doctors consulted in the different countries where I travelled; the second, the opinions they formed of my complaint; the third, the prescriptions and advice I received. The total of these columns is as follows:

477 doctors; 313 different opinions; 832 prescriptions, containing 1897 different medicines."

" 'You see,' he continued, 'I have spared neither pains nor money. Had I found three doctors of the same opinion, I would have submitted to their treatment, but I have not been so fortunate. That I was not soon tired is proved by this register. It has been kept day by day with the most scrupulous care. And now what do you think of medicine and doctors? *Oh, what a farce!* Would you be so good' said he, presenting me a pen, 'to add to my precious collection?'"

"I felt no inclination, but simply asked him if the name of Hahnemann figured in this novel martyrology. 'Of course, of course. Look at No. 301.' I looked and read as follows:

"Name of the malady, o.

"Name of the remedy, o.

"I asked the explanation of these zeros. The singular old gentleman answered, 'This is by far the most rational and logical of the consultations. "As the name of the disease does not concern me," said Hahnemann, "I write o; and, as the name of the medicine is not your business, I also write o; the cure is the only question." I would have followed this man's prescription, but unfortunately he was alone in his opinion and I wanted three.'

"After a few moments' reflection I asked him if, notwithstanding his fruitless efforts, he would not make a last trial, of which I guaranteed the result. You will find, said I, not only three but a great many more doctors agreed. Notwithstanding his incredulity he consented to my proposition by way of amusement and for the pleasure of adding a few pages to his big book.

"We drew up a description of the complaint and sent it to thirty-three homœopathic doctors of different countries; each letter contained a fee. I then took leave of my host.

"A short time ago he sent me a cask of Rhenish wine of 1822, and wrote saying, 'I have found twenty-two doctors agreed. It is more than I dared hope. I, therefore, followed the treatment of the one who lives nearest my home. I send you this cask of excellent wine, lest I drink too much of it myself, and that you may celebrate the restoration of my health. Here I am, thanks to you and Homœopathy, converted to medicine, and reconciled to the doctors.'"

JOHANN ERNST STAPF.

Johann Ernst Stapf was born September 9th, 1788, at Naumburg. His father, Johann Gothofredus Stapf, was first pastor to the church of Mary Magdalen. His father taught him the first principles of religion and Latin, Calor's works among others, in order that he should be prepared to enter, when eleven years old, the provincial school that flourished at Porta, of which he always retained pleasant recollections. He had as instructors, Heimbach, Illgen, Fleischmann, and Schmidt, as also his grandfather, Prof. Gernhard, dean of the school. After remaining there three years, his health failing, he left that school and returned home, and here he devoted himself to the study of natural philosophy and especially chemistry, following the line of study that his college curriculum was intended to lead him to. Besides this, he attended the school of nobility at Naumburg, of which the learned Fuerstenhaupt was rector, and Stafel co-rector. In 1806 he entered the Leipzig University, of which Eccius was president. He visited the Bohemian baths, Carlsbad, Teplitz, Eger, studying their nature and diseases, in the summer of 1809. The 10th of June, 1820, he sustained the examination for Bachelor.

Stapf was the first to embrace the principles of Hahnemann. Rapou says: Stapf is the most ancient disciple of Hahnemann and more celebrated than the others. He commenced to study Homœopathy in 1811, and in 1812 practiced only with the remedies mentioned in the first volume of the *Materia Medica Pura*. He was at the time the only partisan of our method and he developed it well. Stapf had his days of persecution, but for a long time all has been peaceful with him. He is no longer regarded by his confreres as a charlatan, but as a physician with a European reputation, and is given their friendship.

Stapf is a type of the pure homœopathist. He disdained Iso-pathy. He is a great favorer of the remedy, *Lachesis*. Hering introduced it into Europe through him. Since 1830 our brother of Naumburg has prepared it for the German homœopathists. He also made experiments with it. Stapf, like Hahnemann, con-

siders the habits of the patient regarding coffee, wine and tobacco. The important thing is to remove during medication the cause of the trouble. He employs olfaction of the higher dilutions. He commenced his studies upon high potencies the last of 1843 and published the results in June, 1844.

Ameke says: "Hahnemann's oldest admirer and disciple, Stapf of Naumburg, met with the same fate. He too was scorned and ridiculed in every possible way, and lived for many years as one under a ban among his professional brethren."

Hahnemann says to him in 1814: "Your good sentiments towards myself and our art give me much pleasure, and lighten many burdens of my life."

Hartmann, in speaking of the original Prover's Union in 1814, says: "Stapf was no longer living in Leipsic, but only came occasionally from Naumburg where he was settled. The benevolence beaming from his eyes readily won for him the hearts of all; a more intimate acquaintance with him soon showed that in every respect he was far in advance of us in knowledge, although he had not long been honored with the title of Doctor. His conversation was instructive in more respects than one, and he hardly seemed conscious of his superiority over others, while he was all the more esteemed on account of this very modesty. He was the first pupil of Hahnemann and was by the master very dearly beloved. He continued to correspond with him until the day of his death, and always showed the greatest confidence in him and his medical methods. It was to Stapf, in connection with Gross, that Hahnemann first divulged the secret of the chronic diseases, or psora theory, calling them to Coethen for the purpose in 1829."

Stapf was the prover of thirty-two medicines. To him is due the honor of originating the first homœopathic journal in the world. In 1822 he became the editor of the *Archiv für die homöopathische Heilkunst*, and continued as editor until 1839.

At the time of the dedication of the monument to Hahnemann at Leipsic, on August 10, 1851, Stapf was present. Russell, in his "Homœopathy in 1851," says: "Hereupon the aged Dr. Stapf, the oldest and dearest friend of Hahnemann, stepped forward and deposited at the foot of the statue a wreath of laurel. It was touching to see the feeble old man, who seemed to be deeply moved by the part he had to perform in the ceremony, as he tottered with uncertain steps to bestow the emblem of immortality on the effigy of the dear friend of his youth and manhood, with whom he had borne the scorn and persecution of an illiberal world, and whom he would ere long rejoice."

He died at Kosen on the 11th of July, 1860, in his seventy-first year. [Extracted from Dr. Bradford's *Pioneers of Homœopathy*.]

DEPARTMENT OF CLINICAL MEDICINE

Cures which have resulted from *homœopathic* prescribing and clinical observations made therefrom lead to the discovery of new clinical symptoms, and become of great value in the development and study of the *Materia Medica*. We therefore solicit cases for this Department that have been treated in strict accordance with the rules laid down in the *Organon*.

CLINICAL CASES.

H. A. CAMERON, M. D.

I. Eczema—Silicea.

1899.

E. M., æt. 27 years.

Sept. 20. Eruption extending over both shins, for seven weeks.

Always troubled with dry scaly eruption in this region, getting worse spring and fall.

Eruption painful, burning; itching, oozing watery fluid.

Itching < uncovering, > heat (?), > cold application.

Almost lame from the pain and swelling.

Œdema of both legs.

Legs always cold.

Fever in evenings; cheeks red.

Headache begins nape and extends forward.

With nosebleed.

Forehead feels ice cold.

Menses regular. Much cramping.

Strong smells nauseate.

Hot flushes followed by sweat, and then shivering.

Appetite poor. Fats disagree. Thirsty.

Sighing. "Short of breath."

"Weak heart."

Palpitation < when excited or nervous.

Pain > pressure.

Cannot lie on left.

Palms sweat.

Feet used to sweat, when she was young; was offensive.

Can't stand warm room, but air makes her chilly.

Sil. 6m. J. Likes plenty of covers.

S. L. Every 6 hours.

Sept. 30. Better. Less pain in eruption.

Oct. 29. Headache for a week.

Began in nape of neck and travelled to forehead.

Forehead cold.

> heat.

Eruption healing.

Sil. 6m. J.

S. L. every 12 hours.

Nov. 7. *Foot sweat has returned*; profuse, offensive.

Causes soreness of heel and thus hinders walking.

Eruption entirely healed. Some itching occasionally of the part.

Less pain at menstrual period.

Headaches not nearly so severe.

S. L. every 12 hours.

Patient is well. Foot sweat and lameness gone.

II. Intermittent Fever—Cina.

C. W., æt. 7 years.

1899.

Oct. 14. Has had many chills since came to city from Virginia. Quinine and other medicines were given without relief, by allopathic attendant.

Paroxysms come irregularly, morning one day, evening next, at different hours.

Prodrome.

Vomiting of green substance.

Becomes pale and has blue rings round eyes.

Chill. Shaking. Skin feels very hot.

Wants to eat during chill.

Hugs the stove; piles on the covers.

Frontal headache.

Thirst for big drinks of cold water during chill.
 Vomits the water immediately after drinking it.
 Chill begins in legs.
 Sleeps during chill or lies stupid.
 Face red during chill, with sweat on forehead.
 Sweats slightly.

Heat. Uncovers during heat and wants windows raised.
 Face not so red, but very hot.
 Feet hot.
 Thirsty still, but not for such large quantities.
 Headache gets worse during fever.
 Gradually cools off.

Sweat only slight, during the chill. None after the fever.

Apyrexia. Headache continues.

Fever blisters.

Complains of headache if he plays much.

Peevish. Wants things and refuses them when brought.

Picks nose; grinds teeth; eats much.

On working out the case *Cina* came out at the head of the list, followed closely by *Eup. perf.*, *Cinch.*, *Arn.* and *Ars.*

Cina 13m., one dose, was given after further study.

Oct. 24. Mother reports that the boy had one chill on the day following the remedy, not severe, and none since.

S. L.

Oct. 28. Patient had two more chills *nine days* after the last chill.

S. L.

Nov. 6. No more chills.

This patient has been sickly since he had measles, 1 ½ years ago.

Cervical glands indurated after the measles, and an abscess formed which was opened by an allopathic doctor. It discharged for three months.

Dull at school. Can never learn lessons. Teacher advised his being kept at home as he learned nothing at school.

Does not want to play with other boys.

All the boys beat him at school, chase him home and he never turns on them. Little sisters at home impose on him.

Bar. c. cm.

S. L. every 6 hours.

The effect of this remedy was marked. The patient became bright and intelligent and quite a manly little fellow.

III. Neuralgia—Magnesia phos.

T. B., æt. 42 years.

1900.

Feb. 8. Paroxysmal pains, right supra-orbital region, drawing and tearing for four days.

Almost constant pain, causes jerking of head, twitching of muscles of right side of face and drawing of face to right side.

< stooping, lying, coughing, blowing nose.

> holding head back, and hot applications.

Magnes. ph. cm. relieved in two hours and he went on to perfect recovery.

IV. Rheumatism.—Lac. can.

J. J. W., æt. 40 years, driver.

1898.

June 8. Rheumatism for two weeks.

Began right ankle extending to the toes; it left the right foot completely and went to left, and later returned to right again, where it now is.

Ankle swollen, pale red, tender.

Cannot keep the foot quiet; restlessness.

Pain < evening, 9-10 P. M. < covering; cannot stand the weight.

> *heat*; holding feet as high above the body as possible.

Offensive foot sweat.

Warm blooded patient; always wants the cold.

Sweats profusely.

Lac. can. cm. cured him so that he was able to work in three days.

C. M., æt. 21, fireman.

1898.

- June 11. Rheumatism for five weeks. Came on suddenly.
Whole right side of body affected to-day, shoulder,
knee and sole of right foot especially. Right ankle
swollen.
Yesterday the left side of body was affected.
Rheumatism began first on right side, then went to
left, and alternates sides from day to day.
> when *cool*.
Joints swollen.
No other troubles.
Lac. can. cm. one dose.
June 17. Was < for a day or two.
Now almost all pains gone.
June 22. Completely recovered.
-

PERSONALS.

Dr. C. H. Lanphear has removed from 30 Fountain street to
22 Salem street, Worcester, Mass.

Dr. John L. Moffat has removed to 1136 Dean street, Brooklyn,
N. Y.

BOOKS FOR REVIEW.

KEY NOTES AND CHARACTERISTICS OF SOME OF THE LEADING
REMEDIES OF THE MATERIA MEDICA. By H. C. ALLEN, M.
D., Professor of Materia Medica and the Organon in Hering
Medical College and Hospital, Chicago. Second edition, re-
vised and enlarged. 300 pp. Price, \$2.00; by mail, \$2.10.
Boericke & Tafel, Philadelphia, Pa.

In the revision of this now well-known work, Prof. Allen has
put into the hands of the profession a handy reference book of
characteristics. The leading features of each remedy are given,
and the value of these is enhanced by many comparisons so that

individualization can be carried out. In this way the baneful tendency to keynote prescribing is to some extent overcome. The temptation to prescribe on one or more keynotes becomes stronger in these days of rush, and the taking of the case and totality prescribing needs to be daily impressed. Dr. Allen's book has its best use in familiarizing us with the salient points of our many remedies, and should be used as a means of leading into the further study of the pathogenesis. Among the 188 leading remedies will be found the principal nosodes.

CHILDREN, ACID AND ALKALINE. By THOMAS C. DUNCAN, M. D., Ph. D., LL. D., Profesor of Medicine and Diseases of the Chest in Dunham Medical College, etc. Price, cloth, .75; by mail, .82. Boericke & Tafel, Philadelphia, Pa.

The author has here embodied his original researches along the line of Hering's suggestion as to acid and alkaline remedies, and gives his deductions, especially in regard to diet, the general rule for which he holds to be *contraria*. Besides many practical hints about the dietary he gives a good description of the characteristic types calling for certain remedies, and incorporates articles of Hahnemann, Grauvogl and J. C. Burnett dealing with the subjects he has chosen. Dr. Duncan does not intend that this classification into acid and alkaline will in any way supercede the symptomatic selection according to the law of similia, but advances it to show that there is a physiological or pathological basis for the law of cure.

LEADERS IN TYPHOID FEVER. By E. B. NASH, M. D. Price, .75; by mail, .80. Boericke & Tafel, Philadelphia, Pa.

Following the method of his larger work, "Leaders in Homœopathic Therapeutics," Dr. Nash has written this monograph on Typhoid fever, principally based on his own clinical experience. The many complications of the disease are each taken up and commented upon with suggestions as to the most frequently indicated remedies. Scattered throughout the work the reader will find many valuable observations and good homœopathic doctrine.

BOOKS RECEIVED.

REFRACTION AND HOW TO REFRACT, including sections on Optics, Retinoscopy, the fitting of spectacles and eyeglasses, etc., by JAMES THORINGTON, A. M., M. D., Adjunct Professor of Ophthalmology in the Philadelphia Polyclinic and College for Graduates in Medicine, etc. 200 illustrations. Cloth, \$1.50. P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Pa.

NEW, OLD AND FORGOTTEN REMEDIES, Papers by Many Writers collected, arranged and edited by E. P. Anshutz. Price, cloth, \$2.00; by mail, \$2.20. Bœricke & Tafel, Philadelphia, Pa.

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